Volume 17 Number 1, Fall 1995

MED. SERIALS

BMC

Journal of the Canadian Health Libraries Association

Bibliotheca Medica Canadiana

Le journal de l'Association des bibliothèques de la santé du Canada

- Fact Sheet on Copyright for Canadian Libraries
- Role of the Media in Health Care Provision
- Software and Book Reviews
- CHLA/ABSC Chapter Reports
- CHLA/ABSC Nineteenth Annual General Meeting

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Table of Contents

Bibliotheca Medica Canadiana
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Editor's Message 3

Erratum 3

Articles and Reviews

The Role of the Media in the Provision of Health Care *Ted Boadway* 4

New Paradigms: An Integrated Corporate Information Management Program *Jan Greenwood* . . . 9

Book Reviews: Motivational and Business Management Literature *Janette Hatton* 13

Software Review: ***GetARef*** *Nicolino Pizzi* 14

Software Review: An Evaluation of ***STAT!-Ref*** **as a Basic Drug Information Source for Hospital Libraries** *Anitra Laycock and Brian Tuttle* 18

Copyright for Canadian Libraries *Lois Wyndham* . . . . . **See insert**

CHLA/ABSC Affairs

Minutes of the Annual Meeting 22

CHLA/ABSC Annual Reports

President's Report *George Beckett* 24

Treasurer's Report *Jim Henderson* 25

Auditor's Report *Kenneth D. Kimmerly* 26

Public Relations Report *Carole Brault* 28

Continuing Education Report *Lois Wyndham* 28

Resource Sharing Task Force Report *Lea Starr* 29

BMC Editor's Report *David Colborne* 30

Introduction and Changes to the CHLA/ABSC Strategic Plan 31

CHLA/ABSC Chapter Reports

Health Libraries Association of British Columbia 32

Northern Alberta Health Libraries Association 32

Southern Alberta Health Libraries Association 33

Saskatchewan Health Libraries Association 34

Manitoba Health Libraries Association 35

Northwestern Ontario Health Libraries Association 36

Windsor Area Health Libraries Association 37

London and Area Health Libraries Association 37

Wellington-Waterloo-Dufferin Health Library Network 38

Golden Horseshoe Health Libraries Association 39

Toronto Health Libraries Association 40

Central Ontario Health Libraries Association 40

Ottawa Valley Health Libraries Association 41

Kingston and Area Health Libraries Association 41

Association des bibliothèques de la santé de Montréal/Montreal Health Libraries Association 42

Maritime Health Libraries Association/Association des bibliothèques de la santé des Maritimes . . 42

Newfoundland and Labrador Health Libraries Association 43

News and Notes

CHLA/ABSC Publications 44

Telemedicine Schedule 30

Index to ***BMC*** **Volume 16** . . . . . **See insert**

BIBLIOTHECA MEDICA CANADIANA

The **Bibliotheca Medica Canadiana** is a vehicle providing for increased communication among all health libraries and health sciences librarians in Canada. We have a special commitment to reach and assist the worker in the smaller, isolated health library.

The **Bibliotheca Medica Canadiana** is published 4 times per year by the Canadian Health Libraries Association. Opinions expressed herein are those of the contributors and the editor and not the **CHLA/ABSC.**

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La **Bibliotheca Medica Canadiana** a pour objet de permettre une meilleure communication entre toutes les bibliothèques médicales et entre tous les bibliothécaires qui travaillant dans le secteur des sciences de la santé. Nous nous engageons tout particulièrement à atteindre et à aider ceux et celles qui travaillent dans les bibliothèques de petite taille et les bibliothèques relativement isolées.

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Editor's Message

Dave Colborne

Serving as chronological bookends, this issue of BMC includes items from the both the 19th Annual CHLA/ABSC Conference in St. John's and the 18th Annual CHLA/ABSC Conference in London. The year between these two events is chronicled in the annual reports from Board members, task forces, and CHLA/ABSC chapters. The bookends were not planned that way but space limitations have meant that we have had to defer for a couple of issues, the publication of the two London papers by Ted Boadway and Jan Greenwood.

In the process of assembling the chapter reports, I conducted a crude bibliometric analysis to see if there were any global trends and came up with the following results:

- "DOCLINE" was mentioned by 14 of 17 chapters
- "Internet" was mentioned by 9 of 17 chapters
- "downsizing" was mentioned by 5 of 17 chapters
- "food" was mentioned by 3 of 17 chapters
- "consumer health information" was mentioned by 3 of 17 chapters
- "stress" was mentioned by 3 of 17 chapters

Obviously there is great interest in DOCLINE and the Internet. Across the country we seem to be emphasizing newfound opportunities instead of lost ones. On the other hand perhaps the lost opportunities resulting from downsizing and its inherent stress are not mentioned so often because they have become the norm. As for where food fits into all of this, you can draw your own conclusions.

You will find reviews of books, software, a CD-ROM and an audiocassette. *STAT!-Ref* is a product which has generated considerable interest in recent months, if electronic discussion lists such as MEDLIB-L are any indicator. Anitra Laycock and Brian Tuttle have submitted a comprehensive review of its usefulness for drug information. For those of us who have patrons who organize or are interested in organizing their own article collections, *GetARef* certainly deserves consideration. It is an interesting new alternative to the citation management programs that most of us are familiar with.

Jan Johnson and Dean Giustini will take up the editorship of BMC starting with the next issue and I wish them all the best. **Please note that all submissions for the next four issues of BMC should be sent to Jan Johnson.**

For more information on some of the challenges that the new editors will face in the coming year, please see the BMC Editor's Report on page 30. ■

Erratum BMC 16(4)

On page 153 of the paper on EMBASE by Zeau Modig, the heading "These fields are not available in MEDLINE" should not have been a heading at all. It was actually the last sentence of the preceding paragraph. This sentence referred to the drug product and company name fields in EMBASE. The sentence did not refer, as the formatting might have led readers to believe, to CAS Registry numbers. CAS Registry numbers *are* present in MEDLINE. ■

The Role of the Media in the Provision of Health Care

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Presentation delivered to the Canadian Health Libraries Association, June 1994 — London, Ontario

Introduction

The media plays an important and expanding role in health care information provision. To help us define its role in this process, we have to think what will happen to the information that is produced by various organs of the media and how will the consumer use it. In order to discuss this we must first focus on the consumer and after having focused on the consumer, we should look at the information that is available to them. Then I intend to come back to the consumer and talk about the factors that may affect how a consumer may respond to this information.

First of all our ability to absorb information is really part of a larger theory of information uptake and what causes people to pay attention. This can be summarized in a mathematic formula where:

Impact = frequency x relevance

Our subset of information that we try to provide for people is just a subset of the general theory of the uptake of information that applies to human behaviour. As we can see, according to this formula, something which has a very great frequency but no relevance would not have very much impact, but if there is enough frequency, it may begin to have an impact. This would apply for example to the stories of acid rain which many years ago were negated by almost all listeners, but finally with the repeat telling, they began to understand that this was actually relevant and it began to have a significant impact. However something may have such massive relevance that every person in a community may pay attention to it even if it has a frequency of one. A perfect example of this would be the Mississauga train derailment with a chlorine tank leaking. In this case the impact was massive and every single person paid attention to it because though the frequency was low, the relevance was high. When both the frequency and the relevance are high, this is what results in social movements and political action. A present example would be the federal justice minister's action on young offenders. In this case the frequency of the stories of the egregiousness of young offenders' activities and people's ability to relate that to their own lives gives a "frequency X relevance" that is so massive that it cannot be ignored and results in an attempt to pass new laws. The impact is huge.

As we look at information, the most important thing we can do is focus upon the consumer of that information rather than on the information itself.

This in fact summarizes the entire nature of my message today and what we will be doing is exploring the things which operate to change one of these variables or another and therefore can alter the impact of our information upon our patients.

The info-consumer

I shall divide consumers into two classes of people, one of which is the unfocused, and the second of which is the focused consumer. These two groups of people take up information entirely differently.

The unfocused consumer

The unfocused consumer is most of us, most of the time, for most issues. We are subjected to a constant barrage of attempts to capture our attention. We are constantly called to alertness for some issue, whether it be the decline of our schools, an environmental disaster, the new information that coffee causes cancer, or that some previously thought innocuous drug has disastrous side effects. Most often we are unable to ascertain the truth about these claims. We are also unable to find their relevance to our existence. Furthermore we just simply cannot respond to all the commands for our alertness. As human beings we would either have adrenal failure and have no ability left to react or we would go crazy trying to react to all of them. As a result these have only, at very best, a glancing impact upon us and we ignore a great number of attempts to capture our attention. In fact if we did start to pay attention to all of these calls to alarm we would begin to believe that we were indeed living in a very dangerous universe.

Different approaches have to be undertaken with this kind of consumer. The unfocused consumer has to have information fed to them in a non-threatening way often or, alternatively, in a threatening way that they can actually relate to rather than dismiss as being extravagant or unrealistic. Frequently groups organize themselves in campaigns to try to disseminate information and capture media attention. The high frequency begins to make the issue relevant to the public and therefore increasing the likelihood that it will have an impact. An example would be the Ontario Campaign for Action on Tobacco, where many health groups including the Ontario Medical Association, the Canadian Cancer Society, the Lung Association, and Heart and Stroke Foundation have all worked together. In the Ontario Campaign for Action on Tobacco there has been a deliberate attempt to get the message out frequently and to make it relevant to the people of Ontario. The intended end is for legislators to find it necessary to move on the issue because the population perceives it as having a high impact.

Others styles of communication are those where we try to get information to consumers in a user-friendly way, not necessarily to convince them but rather to make them aware, alert or simply interested in the subject matter. Examples would be media stories about health which bring certain bits of medical information to the

public. An example would be my appearances on a regular basis on Basic Black on CBC and other radio shows. In doing so, I attempt to bring information to the public in a way that they find acceptable as they listen to the radio in their car, in their kitchen, in their family room, or wherever they are working. In these cases we use understandable analogy, humour, and anecdote to make the issues relevant and interesting to the person, and to make learning a pleasant experience.

The focused consumer

Most often, however, I suspect that health facilities librarians find themselves not dealing with the unfocused consumer, but rather with a very focused consumer. Nothing focuses your attention more keenly than an awareness of your own mortality. When I am sick, I am focused. When people are in the hospital or they have just learned of an unpleasant diagnosis, you can be sure that the person that you are looking at across the desk is a very focused consumer. Their focus is narrow, intense, and continuous. The general level of information you provide for them on the first cut may soon prove to be insufficient. In fact, the more intense their interest in the subject, the more difficult their situation, and the more knowledgeable they become, the more knowledge they desire. Their ability to request information may outstrip your ability to supply it, but this is the area where you, as one of the key custodians of health information, can be of most use to the public in their time of need. The challenge is to find information which is useful, understandable and emotionally neutral for these patients and their families in these difficult times.

Medical cults

As a subtext to the focused patient, I want to describe a particular class of focused consumer which is among your most difficult. This is the consumer who belongs to a medical cult. Medical cults have in common a behaviour pattern which exists in cults of other kinds. Medical cults have formed in the past around such legitimate diagnoses and treatments as hypoglycaemia, chronic fatigue syndrome, circumcision, and the list goes on. These wax and wane over time on an individual basis, but they have certain common characteristics.

People who are in the cult are true believers, they have a certain vocabulary. They use it in describing their situation. They have a certain style of approaching the discussion of their subject and they have a framework with in which they believe the subject must be discussed. If you approach the subject matter using any other vocabulary, style, or framework, you are immediately identified as "not one of us". This can prove a very difficult and vexing problem for you as the information provider. Very frequently you are unable to meet their needs. Just as you are unlikely to change the belief of someone in a religious cult, you are unlikely to change the belief system of someone who is in a medical cult. I would suggest that you should not try. It is your job to do the best you can do. It is your job to provide the information that you have in as unbiased a fashion as you can. It is not part of your job to be converted to someone else's belief system, nor is it part of your job description to convert someone to yours.

I discovered first hand the difficulty of this situation when I contracted Lyme disease. The fact that I was a Lyme disease sufferer did not give me an automatic ticket of entry and credibility among the people who treat Lyme disease as an almost cult-like phenomenon. In fact it may put you more at risk to be reviled since they might have an expectation that you are exactly the person who ought to accept their belief system.

The medical cultist will remain a challenge to providers of information for the foreseeable future and your task is to give what you can, not allow your time to be totally consumed, and to help other people who also need you.

Toxic news

Every once in a while the intellectual jetstream of ideas in which we live drops an idea which spreads like a toxin through the environment. This information may be true, but as I am using it here, it is more likely to be a misleading piece of news. When this piece of news alights in an environment in which there has been no previous experience (which we could liken to immunity), it propagates itself quickly. Perhaps the environment has not had any previous experience with this topic, and therefore has not developed the immunity of critical analysis which would help to comprehend, balance, and understand it *and* situate where this particular idea or news fits in the true spectrum of things. It may seem to "make sense" and therefore be immediately accepted. It may have a foreign or sophisticated flavour and therefore an increased credibility. People who have been focused on the subject e.g. people with a certain condition, are particularly vulnerable. In their case this news may be avidly taken up and then be very difficult to dislodge. In fact it may become the most important framework they have for thinking about it and despite your good effort, you may not be able to dislodge it as the important, operative, intellectual framework. Understand the power of toxic news. We need to deal with it by constant provision of unbiased and accurate information over a period of time. This will help the public to deal with some of the wild stories which come their way and initially capture their imaginations.

The media

We now have taken an initial look at how consumers might be more or less prepared for an item which appears in the media. We should now turn our attention to the media.

Radio

You should understand that the principle source for radio information is from the general lay media. The calibre of understanding among radio producers is extremely varied. In my own experience, it ranges from the very sophisticated to more commonly the much less sophisticated. Specialization in reporting is much less common in radio than it is in print and the time alloted for research is less than that for the print media. A variety of excellent programs, however, is available and there is a fair degree of sophistication in some of the audio media.

Television

Television on the other hand is the shallowest medium that I have experienced. Generally speaking, time for research by people involved in production is much less than in any of the other media. There are so many other factors having an impact on television production. There are some notable programs that provide excellent information.

The print media

Tabloids

The print media should be considered in several groups. First we have the tabloids. It is actually valuable to read the tabloids because of their impact and the surprising amount of information that people receive from them.

This can range from the ridiculous to the tragic. A recent tabloid heading read:

Miracle drug Lymph-1
One month too late for Jackie

This is tragic because it is not true that it is a miracle drug nor could it have saved Jackie. Thousands of sufferers of the same illness, however, may be given the false impression that there is a new miracle drug that can deliver them from the same tragic fate that Jackie Onassis met from her lymphoma. There may not be many who will actually feel the impact of this particular misleading headline, but it is nevertheless tragic should it occur even to one.

General print media: Newspapers and magazines

The general print media are the most common sources of information for members of the public. Here and in the next group that I will consider, there has been a great improvement in the quality of reporting in the last twenty years. Newspapers have begun to have dedicated medical reporters who have developed a skill and expertise in their subject. This allows them to capably interpret complicated medical information for members of the public. Marilyn Dunlop of the Toronto Star was one of the ground breakers in this particular area of expertise. Her contributions have been considered so significant by the Ontario Medical Association, that we have given her one of our most prestigious awards for contribution to health care by a lay person. Another example is Paul Taylor of the Globe and Mail.

The glossy magazines also have an impact. Years ago there used to be a diagnosis called "The Ladies Home Journal Syndrome". This occurred when a physician heard the same story for the third time in two days. It sprang out of nowhere and made no sense. All you had to do was ask "What were you reading?" and you found out where the request came from. But these magazines have developed excellence over the years too, again because of using dedicated reporters. In these cases the secret is finding out which reporters actually have the appropriate skill set and reputation to provide information that you can pass along to the public. You cannot necessarily go by the magazine because they have various reporters and certainly many magazines have no excellent reporting in this area whatsoever. You can, however, reliably use the excellent reporters as sources of information and recommend these to your information seekers.

Lay medical publications

One of the most important contributions to informing the public has been from the lay medical publications. I include with these such publications as the *Mayo Clinic Health Letter*, the *University of Toronto Health News*, *Health Facts*, the *Berkeley Wellness Letter*, and others which also have an excellent reputation. I believe that having these available to the public in your libraries performs an excellent service. Generally speaking these periodicals have excellent academic credibility. They are carefully written by experts in their field, experts who both understand the subject and have the ability to communicate this to the public. The general media has cottoned on to these publications and uses them extensively.

I personally read these on a regular basis because they help me in formulating my own presentations to lay audiences and breaking out of my "doctor mould". When you have the training you constantly have to check yourself to keep from slipping into professional - but in this case old and bad -habits of communication. When I developed Lyme disease, I can assure you that I became a very focused consumer, and the information needs that I had were significant. It is startling that having read extensively and broadly the depth of scientific and medical literature on this subject, the single best article I have ever read on the subject appeared in the *Mayo Clinic Health Letter*. I still refer to it and find it to be a marvellous communication of a complex subject.

Medical tabloids

The medical tabloids are the next area that I would like to explore. It is unfortunate that they have come to be called tabloids because they share nothing with the previous class of tabloids except the newsprint upon which they are printed. These papers do have academic credibility because they have to communicate with physicians, however they are usually completely unsuitable for the lay public and therefore difficult for you to give out.

Medical journals

Of course there are the medical journals themselves, but the medical journals are frequently useless to members of the public unless you provide a full time interpreter to go along with them. It is unfair to yourselves and your position to set yourself the task of being the interpreter of medical journals. However sometimes members of the public do wish to have these journals and they are prepared to put time into reading and understanding them. When they are prepared to do this, we should give them to them as freely as we can.

Information usage

To your surprise, having given good information you have found your information has been ignored. You have found that a different meaning has been given to it than any other individual you have ever met would give to that information. You have found wild interpretations and the consumer has jumped to conclusions. You have been astounded at the way your information has been used.

I think that we have to look at the information we give people and understand that their ability to use it depends on where they are in their thinking about their illness. I am talking now about serious illness which gives rise to a very significant, grief-like reaction in the person who receives this information.

The person goes through several stages in response to their bad news. These stages do not occur necessarily in any order. They do not necessarily occur sequentially. Several may occur simultaneously, or one is waning as the other is waxing. If you only have an occasional meeting with these people, it may be impossible for you to know which stage they are in. Even those who know them well may find it difficult to ascertain where the person is in their reaction to the diagnosis.

Shock

One reaction that occurs is shock. During this time people are paralyzed intellectually and physically. They are in a state of disbelief, almost suspension, and they are incapable of reacting to many stimuli around them. They are certainly incapable of absorbing any information that you may give them, even the best that you have.

Denial

Another stage is that of denial. The person does not even accept the diagnosis let alone have a willingness to understand any information given to them about that diagnosis. They may be

unwilling to reasonably discuss what is happening to them. Their only motive in looking for information may be to discover that what they have been told is not true rather than to discover the truth about it. Denial can be very powerful, it can be overwhelming and from time to time may persist throughout the course of the illness.

Anger

In the phase of anger, people may be entirely absorbed with internalizing their rage, characterized by wondering "What did I do wrong?". On the other hand they may externalize their rage and use only the information that will help them to find out what someone else did wrong. They want to find someone to blame and they are looking through the information to discover who slipped up, who made the mistake: "if only it had been done earlier, longer, better, stronger, how I would be better than I am right now". Your information will be skewed by the anger filter in a way that you had never anticipated that it could be.

In the stage of bargaining, the person tries to make a deal with their disease. "If only I can make it to the marriage of my child". "I would really like to see my son graduate".

At this stage patients frequently seek to look after themselves in a way that they have never looked after themselves before, believing that this may somehow ameliorate the condition: the smoker with lung cancer who ceases smoking after his lung cancer is diagnosed; the person with serious coronary artery disease, who after he has had his second heart attack decides to slim down, stop smoking, and radically change his diet; the person with a serious condition who decides to take a whole bunch of alternate therapies of unproven value believing that somehow they will affect the outcome of his condition. In each of these instances, the operative thought is "if I do something . . . then I'll be better".

Acceptance

The last phase that we have to consider is acceptance of the condition. Sometimes we use the words serenity, acquiescence, or resignation when describing this phase of the illness, but other times we also use words like withdrawal.

Implications for the provider of information

The problem facing the provider of health information is that you have absolutely no idea which phase or stage of reaction the information consumer is in. Even if you know the patient well, you may not be able to tell the stage, or what subtle overlap between stages may be present. Therefore if you provide information to a patient who is in shock, don't be surprised if sometime later they say that they have never heard the information. In effect they did not, because their "computer" was simply switched off due to the impact. They were incapable of absorbing anything. And don't be surprised if the operative drives in the other phases of a grief reaction give rise to an interpretation you would not take from the words that you have provided. The emotional turmoil in your information user is intense. It is practically beyond our understanding at any given moment and it is a powerful shaper of the processing of information.

Considerations such as these can practically make one despair of being useful. However, I do not believe such despair is warranted. The best we can do is the best we can do. And we should do our best. We should provide information which is neutral, which is factual, which is accessible to the consumer. Because your information consumer will reprocess information many times during their thinking. The thinking that they do on a subject today may be quite different from the thinking that they do next week or next month. Information which is misinterpreted today will be information much better understood at another time. Even information not used in the way we would wish may nevertheless prove a help and comfort to the person who is incredibly focused on their condition. This help and comfort may be the most important thing that they can receive.

Other dilemmas faced by the provider of information

Level of the information

The first is the level of the information. I have given you an overview of sources of information and their levels of credibility. I believe that as providers of health information you should keep track of who the good writers are so that you can use them as sources of information. I believe that you should keep lay medical material such as I have described available in your libraries. I also think that it is valuable to talk with your customer to see how much difficulty they had reading what you gave them. Were they able to take an interpretation from it themselves? You may not get a chance to revisit the subject with them, but when you do, assessing where they are at in the absorption of what you gave them last is a critical factor in helping you decide what you can usefully give them next.

The reluctant MD

Have you had the experience of doctors being cross that you gave information out to their patients? Have you had the experience of the patient saying that their doctors had never spoken with them about it at all?

I would suggest that everyone accept the fact that there are multiple sources of information and the physician is not the sole source of information and in some cases not even the best. I do not believe that I can explain things in sufficient detail, nor have people absorb enough from my telling, that they would have *all* that they need to know about their condition. The consumer who is able to take home written information, and absorb it in their own time after several reviews, is most likely to get the best information. Therefore the provision of information is a valuable thing. I think the thing that upsets physicians most is the feeling of being blindsided. I would suggest that in your libraries you should approach this by letting the physicians know what you have given the patient with a note saying that e.g. "I gave _____ to Mr. Jones, your patient and I am letting you know this for your information", directly addressing their need. If the doctor does not know the framework where the patient's question came from, a framework they absorbed from the article, it's very difficult to give them the proper answer. As an information provider you can help both the doctor and the patient by making sure, in as much as possible, that both know exactly what the other is working from .

Lastly, have you ever considered reading the tabloids yourself, or the lay press, and putting out a monthly notice to the doctors which is entitled "What your patients are reading"? It is very unlikely you have any physicians who read the tabloids, and if they do they won't admit it. No one reads the lay press across the board, we all have the few items we have chosen to read and we read habitually. You however, have mechanisms available to scan these more

quickly and take out the operative articles and give portions, headlines or précis of these articles so that your doctors know what their patients are reading. I am going to make a bet that your physicians will love this and find it to be an extremely valuable warning about what is going to walk through the door in question form.

Fatal information

Now I know that people worry about giving out a piece of information which carries dastardly news to the consumer of that information. You don't want to be seen as being the vehicles of disaster or the agents of doom.

But is there a right way to convey this information? Personally I think that I might prefer to learn by reading about it and to be able to have some time with myself and my family before I had to face anybody else. I'd rather learn about it, I believe, from an article than from a doctor or a nurse. Although I may know them, they are not members of my family nor my close personal friends. I might like to have some time to compose myself after I had learned this information before I had to face an individual other than someone from my close family. And who says that telling verbally is more "right" than reading it from the printed page. I suggest that we rarely do this just exactly right, since I truly believe that there is not a totally right way to deliver such difficult messages. We can do it more or less well, we can be more or less compassionate, but the printed word is rarely cruel in these matters, it is usually neutral and does cover the entire territory.

I believe the most important thing here is not to ram the information down the patient's throat, simply give them exactly what they ask for. If a person comes in to speak to you who has lung cancer, and their question is that they want to know how the lungs work, give them a book which shows them how the lungs work. When they are ready to ask you about the chances of survival from lung cancer, they will. If they never do, chances are they do not want to know from you, they found out somewhere else or they don't want to know at all. Work with them so that you can help them understand what they need to ask because they don't know what you have available. Nevertheless give them what they ask for and accept the acquisition of information as an ongoing process done in stages rather than a single shot affair.

Conclusion

In conclusion I might say that as we look at information, the most important thing we do is focus upon the consumer of that information rather than on the information itself. Patients have a difficult situation. As providers of information we consider our situation difficult but the person suffering from the condition is in a far more difficult situation than we are. We should do the best we can at providing them with information. Each day we should try to do a little better than we did the day before. If we do, then we can be proud of our job and we can genuinely contribute to patient well-being. ■

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- **Ms. Carol Lefebvre** *(Cochrane Collaboration).*

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New Paradigms: An Integrated Corporate Information Management Program

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Introduction

This paper is an adaptation of one given at the 1994 CHLA/ABSC Annual Conference in London, Ontario. The content differs only inasmuch as the idiosyncracies of oral delivery have (more or less) been eradicated. Some things just aren't fit to print!

Being invited to present a paper in a conference entitled "New Paradigms" seemed singularly appropriate: one might argue that the very essence of special librarianship is the challenge of constant evolution. Certainly it is true that the role of the Ontario Medical Association's library or information service - and thus the role of the librarian -has been in a constant state of flux for at least 15 years. However, it was the amalgamation in 1989 of records management activities and library services that led to a new information management paradigm.

Notwithstanding the intellectual challenges faced, and indeed conquered, by many librarians in corporate as well as other environments, one is forced to ponder continually about why it is that librarians have largely failed to exploit to their advantage the opportunities inherent in the burgeoning era of the knowledge-based society. It is not that librarians are not among those most involved in this great revolution, it is just that their (considerable) value remains, for the most part, unrecognized outside the field. The great paradox is that yet again they are in danger of being left behind at a time when logic should place them in the driving seat of the most exciting and significant societal change since the industrial revolution. In this brave new world financial capital has given way to intellectual capital, and a society in which the tangibles which have been its underpinning for so long have given way to relationships, sharing (networking) and value-added services. Who better than librarians know networking and the value of mutually supportive co-operation?

It is arguable that the field of information management occupies a similar position to that held by Human Resources (then termed "personnel") in the late sixties and early seventies before the management gurus recognized the economic value of people, particularly in the non-manufacturing sectors. Information management is not to be confused here with systems management, a quite different entity altogether, but one which has purloined successfully for itself that term. Management Information Systems Departments have gained a huge power base during the last couple of decades, although personal experience suggests that their contribution to, or impact on, knowledge-based processes has been negligible. Too often, especially in the past, systems personnel have had little understanding of the practical implications of the applications they develop within the corporate environment, although the introduction of the personal computer, and the growing computer literacy of their clientele, is forcing positive change.

Library Services and Information Management at the OMA

You may wonder what all of the above has to do with the new paradigm in information management that has been developing at the OMA during the last five years. Illustrative of the difference in approach between systems and Corporate Information staff are the disparate responses to a request to consider implementation of a bulletin board system (BBS) for Association members. Systems staff provided quickly, and accurately, a breakdown of the costs required for the hardware and, noting that an excellent software was already available in-house, saw no reason for not pressing forward with the project. The Corporate Information response, while more cautious, raised what would seem under the circumstances to be questions relevant to the decision-making process:

1. What mechanisms would be needed to determine what, when and for how long information should be posted?
2. Who should manage the information? Who should be responsible for systems management?
3. Who has responsibility for ensuring that recipients log on and receive the information?
4. Could a BBS conceivably replace other means of communication, or would it simply add another administrative layer?
5. What would be the impact on staff workload?; who would be required to monitor the BBS?; would BBS messages impel the same response time as telephone messages, correspondence?
6. What measures would be required to protect information security?; should other internal databases be mounted on the BBS?
7. Should (approximately monthly) Board distribution of documents be so disseminated?
8. Would all staff members have electronic access to the BBS?
9. Would Head Office assume costs relating to hardware, software and equipment maintenance for elected (or other) members?

For many years the focus of Library Services at the OMA was its renowned Health Library Consulting Service, established by Sheila Maxwell in the sixties and continued by Babs Flower, among others. These services capitalized upon earlier initiatives by medical school libraries, and provided the impetus for the growth of hospital libraries. Nonetheless, throughout the eighties

the OMA's small internal library introduced research support for the governing bodies and myriad committees, and electronic information services, including MEDLARS, Infoglobe and Infomart.

The real turning point in information management came, as noted above, when external consultants recommended amalgamation of the OMA's records management program with the Library Services Department. This amalgamation paved the way for an integrated and dynamic information management system that went beyond organizing and disseminating knowledge-based resources, to changing the processes by which information flowed within the organization.

There is no question that some of these initiatives were made possible by the long tenure and relatively senior management position of the librarian who frequently served within the organization as an internal consultant on issues ranging from strategic planning through information technology assessment. Acceptance of these new responsibilities was conditional on being able to:

1. Hire appropriate staff
2. Select and implement technology independent of the systems (Information Services) department
3. Expect support at the most senior level for organization-wide information management programs

The (then) Central Files Department (name immediately changed to Corporate Records, later to Corporate Information) was staffed by one untrained technician at the time of the amalgamation, but had a history of two or more untrained clerks and sporadic consulting and contractual support. Because the Information Services Department was burdened by a massive restructuring, it was essential that Corporate Records & Library Services staff could proceed independently with technological innovation so as not to lose the momentum engendered by the amalgamation. Widespread territorial issues relating to changing records management practices required that the department also have complete authority for implementing new systems that would have an impact, directly or indirectly, on staff at all levels in every department.

One of the common mistakes made by librarians and records managers alike is expecting senior management to place the same importance on professional and operational issues as themselves. This is clearly folly. No matter how important to efficient management are colour-coded files, or bar-coding, to name only two examples, these do not press corporate buttons at the senior management level. Thus it was important in the planning process to emphasize corporate (rather than operational) goals, to identify issues that would clearly have an impact at the level of the governing bodies. All of the following goals, developed early in the planning process, were premised on the notion of increasing support for, and understanding of the concept of Information Management as a worthy means of attaining corporate efficiency:

1. Develop a policy tracking mechanism to capture instantly the fluctuating status of volatile and critical issues, thus assisting OMA elected officials and senior staff in carrying out their responsibilities
2. Identify vital records and develop an appropriate program for contingency planning (in conjunction with other key departments)
3. Improve the OMA's information security (at the time an extremely pressing issue)
4. Develop a comprehensive, automated, cost-effective and efficient information storage and retrieval system to support Board, Council and Executive decision-making, and to improve communications among those bodies and OMA staff
5. Establish a business archives (as a natural outgrowth of a systematic records management program)

Records management

Prior to describing the development of Corporate Information practices at the OMA it may be useful for those librarians not familiar with records management practices to understand some of the terms. *Records Management* is the systematic control of records through their life cycle from creation to final disposition. *Records Retention Schedules* are pre-determined times for retaining in active and semi-active storage specified *Record Series*, a *Record Series* being the grouping or organization of a particular set of records, e.g. Reports or Administrative Correspondence. *Semi-active Records* are those to which access is required fewer times than once per month, and may therefore be stored off-site and not occupy the prime space required by Active Records. Vital Records are those essential to the continuation of an organization in the event of a disaster.

The five month planning phase, prior to hiring a professional records manager, and two records technicians, focused principally upon reviewing existing internal records systems (subsequently abandoned), carrying out a preliminary needs analysis and developing job descriptions. Subsequently a comprehensive needs analysis was conducted among key staff and Board members by external consultants. It was determined that the repository function should be largely abandoned in favour of **centralized control** of **dispersed** active records; these records to be retained at source until moved to a semi-active professional storage service according to pre-determined records retention schedules. The records management functions and responsibilities of the Corporate Information staff were defined as follows:

1. Development of appropriate online systems to manage OMA corporate records, and to monitor Association policy development (subsequently expanded to include Issues Management)
2. Electronic capture and management of all Board-distributed documents; including the establishment and monitoring of electronic standards for OMA minutes (Full-text management of the minutes was attained using FOLIO software)
3. Active records support, including training of OMA staff at all levels (following comprehensive, department by department inventory of existing records)
4. Corporate Records Reference Services
5. Off-Site Professional Services for Semi-Active Records
6. Development of comprehensive recycling program
7. Vital Records/Disaster Planning
8. Corporate Microfilming
9. Development and management of business archives

The software and database structure

GENCAT was the software of choice for monitoring policy development, and subsequently was used also to index all OMA internal publi-

cations and provide a monthly **Board Issues Management Report (BIMR)**. It is a very powerful, reasonably priced generic software from Eloquent Systems which allows the program manager to build and readily edit authority files, establish unlimited customized data entry and research screens, offers a variety of report formats, and has prompted fields for quick data entry.

The challenge in developing a database to monitor organizational policy was finding a structure that would capture shifting tides of thought rather than simply documents; as in many organizations, policy development at the OMA is necessarily diffused, and frequently does not result for years (or perhaps ever) in an actual policy statement, let alone a position paper. It was therefore decided that a meeting - of some kind or another - would provide the concrete structure upon which to base each record. The resulting database was called the **Online Policy Issues Index (OPII)** to emphasize that its strength and content lay in identifying where policy information resided rather than the policy itself.

Thus the data entry screen for OPII records comprises the following fields:

Meeting Date (edited field)

Meeting Group: Authority field for body which produced the minutes (e.g. Board)

Source Group: Authority field for any body (e.g. Specialty Section, Committee, external organization) which had previously had input

Type: A table field defining the nature of the record (e.g. Resolution, Discussion, Recommendation)

Text: A text field containing the verbatim resolution, paraphrased discussion and any explanatory notes

Outcome: A table field to indicate outcome of text (e.g. Carried, Failed, Recommended)

Referred: Authority field to clarify any group to which issue is referred

Document: Text field for any relevant documents

Position Paper: Text field intended for public access to published position papers only

Subject (Authority field)

RMIS Code: Edited field to identify file number

RMIS File Name: Text field to define Record Series (document location)

Confidential: Table field for information security purposes (i.e. establishing password level of access)

The greatest volume of work in developing **OPII** was the planning for an appropriate structure, and the subsequent development of comprehensive group and name authority files. A related and massive task for Corporate Records' staff was an imaging project to capture online a large volume of Association minutes which had not been electronically maintained. Nonetheless, policy information was extracted from approximately eight years of Board minutes (10-13 sets of minutes per year) within six months. **OPII** currently contains online 10 years, plus current. The retrospective project required that the Director review all minutes, identify policy information, (paraphrasing discussion and writing explanatory notes, where needed) and establish subject headings. With the aid of **Data Entry Forms** and the highlighted minutes, the Records Technicians were able to key in the data, as well as verify background documents, file names and numbers.

OPII is potentially very valuable as a quality management tool because it not only provides quick and succinct access to Association policies, but also measures political/organizational **activity**. GENCAT permits searching on any combination of fields. By running a search on, for example, a **Meeting/Source Group**, and a combination of **Subject** and **Outcome**, it is possible to determine the extent to which a named committee, specialty section etc has contributed to the decision-making process relative to a particular issue. Similarly a search on **OPII** can identify systemic impediments to the policy development process.

The monthly Board Issues Management Report (BIMR)

The most recent non-traditional service of the Corporate Information Department is the **BIMR** (mentioned earlier). Using GENCAT again, a pilot project was carried out to replace a narrative report on current issues that was distributed prior to each Board meeting. The disadvantages of the narrative format included its ephemeral usefulness. Although it required a great deal of work and contained valuable information, its use was constrained by its length, the print format and a lack of controlled vocabulary. The pilot **BIMR** reduced a 14-page narrative report to seven pages; more important, the landscaped format readily identified key contacts for further information, brought together multi-disciplinary activities under a single (and authorized) Issue Name and constrained the narrative by the landscaped text field, ensuring that only critical issues were included. Fields not contained in the distributed report include External Contacts, Document, Follow-Up (Issues Pending), and Subject. Captured on GENCAT, the database can therefore be searched via authorized subject headings and for background relevant documents. Because the progress of an issue can be scanned for a specified period to review progress and outcome, the **Issues Management Database** can also serve as a quality management tool for reviewing, in a general way, human resources expended on a particular issue.

Although networking of the GENCAT and other Corporate Information databases is currently limited to the department, and thus understanding of their capacity is only imperfectly understood organization-wide, the plan is to phase in training, department by department, as the Information Services Department gradually expands the distributed personal computer network throughout the OMA. Online access to GENCAT and FOLIO Information Management databases is already available at Board meetings.

One other unusual information management service that is available through Corporate Information is the **Ontario Legislative Assembly (OLA) Current Awareness**. During 1994 the OMA was the second (after York University) non-government library to capture online the entire output of the Queen's Park Legislature. Captured from cable television each night, this output is daily text-edited by a professional librarian for immediate and selective distribution to key political and professional OMA staff. A decision has yet to be made about whether to manage the full-text data on FOLIO or to adopt CD-ROM as a long-term solution.

Results

A team approach to managing information and strong senior management support contributed to the department's success during the first five years following amalgamation. The staff achieved a high profile initially by

conducting an in-depth department by department records inventory in preparation for a move to new premises, and by providing one-on-one advice and expertise to OMA staff with respect to organizing active records. The Director also offered a series of introductory records management seminars to both management and support staff. Also during this period, several "warehouse" records storage facilities were identified, and systematically dismantled in favour of a single professional, commercial off-site storage service/facility. Of more immediate importance to senior management was the classification and online indexing (on the RMIS database) of all Board documents from 1959 forward.

Inevitably there was some early resistance to altering radically the management of what were viewed as "personal" files by some staff; indeed a major educational challenge in implementing any comprehensive records management program is obtaining buy-in of the concept that corporate records, especially electronic files, are just that, and not personal files to be disposed of at individual will. Support for the program grew in direct proportion to a recognition that corporate records were better organized and managed, and that the speed and complexity of their retrieval was much improved. At the time of writing the OMA is undergoing significant re-organization and it remains to be seen the extent to which the Corporate Information program will continue to play an important role in contributing to the infrastructure of a highly political and volatile organization. Because these information processes are still relatively new, and therefore imperfectly understood, they are vulnerable. But it is to be hoped that they will be nurtured so that their potential and considerable benefits can be reaped for years to come.

Acknowledgements

As noted in the article, the key to the success of the OMA's Corporate Information program has been teamwork. Without Jane Buzza's management of the records program, and the direction she provided to two excellent Records Technicians, Manuela Junor and Aleksandra Wolska, the results thus far achieved would not have been possible. Vivian Hung, Coordinator, has also been invaluable, not least of which for her managing of the **OLA Current Awareness Service**. Pat Buczkowski, Library Technician, has continued to provide many of the core Library Services, and is currently engaged in a retrospective conversion of the online catalogue to GENCAT. All of us have depended upon Margaret Lam, Departmental Secretary, for her unfailing support, and have been increasingly grateful to the Information Services staff members for their co-operation and assistance.

Brenda Brooks of Access Information Systems, and Caroline Werle, Records + Information Services Inc, are the consultants to whom we are ever indebted. ■

Book Reviews: Motivational and Business Management Literature

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The Tom Peters Seminar. **Tom Peters. New York: Random House, 1994. Sound cassette. 3hr. ($19.00)**

The Corporate Coach: How to Build a Team of Loyal Customers and Happy Employees. **James B. Miller with Paul B. Brown. New York: Harper Business, 1993. 235p. ($16.00)**

Changing the Essence: The Art of Creating and Leading Fundamental Change in Organizations. **Richard Beckhard, Wendy Pritchard. San Francisco: Jossey-Bass, 1992. 105p. ($34.95)**

Enlightened Leadership: Getting to the Heart of Change. **Ed Oakley and Doug Krug. New York: Simon & Schuster, 1991. 265p. ($29.95)**

The Discipline of Market Leaders: Choose your Customers, Narrow your Focus, Dominate your Market. **Michael Treacy and Fred Wiersema. Reading, Massachusetts: Addison-Wesley Pub Co. 1995. 208p. ($31.95)**

When the atmosphere in your institution feels like four funerals and a funeral, this is the occasion to demonstrate your leadership skills and introduce your managers to the best of motivational, business management literature. An added advantage will be the improved momentum for your own "business" — the provision of Library Services.

I can recommend the audiotape version of *The Tom Peters Seminar*. Tom Peters delivers this monologue himself at top speed. One administrator who listened to this while on her treadmill almost ran herself to a standstill after quickening her pace to keep up. Ideas pelt the listener like a spring hailstorm. A verb is invented: "to resumé". Abandon the old evaluation processes and instead resumé quarterly, listing new skills, projects completed and new contacts. Competition between employees for resumé improvement. Outsourcing everything. Shifting alliances. Constant change and innovation. I guarantee you will never putter through another Library Committee meeting again!

Continuing with the wave of enthusiasm, read *Enlightened Leadership*. Good summaries at the end of each chapter assist the "gelling" of ideas. This refreshing text describes the way to initiate and lead change from within your organization by learning to ask structured effective questions (SEQ's). There are excellent chapters on leadership styles and personal self-appraisal. How can you make sure that your team of co-workers or staff members stay with you on your mission for better service? *The Corporate Coach* advises hiring employees who are smarter than you are! Listening and reacting to what the customer wants. Remind customers what you are doing for them. Coaching should be part of management philosophy. Checklists at the end of each chapter of this upbeat book give leadership hints that will be remembered and incorporated into daily service.

Changing the Essence has a less tumultuous style, though it continues with the theme of leadership in this time of unprecedented change. The importance of information management to a learning organization is likened to military intelligence gathering, which proceeds simultaneously to the action. The epilogue which describes traits and leadership styles of the best organizations must be read. The bibliographies are good sources for further expansion of a business management collection

The Discipline of Market Leaders is fresh off the press and gives very specific advice for organizations. No company can supply the best product *and* personal service to customers at low cost. The secret for success for small companies, organizations (or libraries) is to focus on one of these market disciplines. For example, although the collection of a large academic library may be comprehensive there is often no staff time for personal service to users. The small library may have a greater chance to interact with the library users which can ensure greater satisfaction for the customer and a good profile for that library. A proactive approach to customer service would be a good "market discipline" for small libraries.

Developing a business management collection can be one of the most useful ways to support administrators and hospital staff during the stressful period when designs for re-organization and new patient focused strategies must be created. The customer service commitment and philosophies of productive companies can be copied and expanded both by health service organizations and by your library. ■

Software Review: *GetARef*

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1. Introduction

GetARef 2.0 for Windows is a sophisticated yet intuitive reference handling system developed by DatAid AB of Holmsund, Sweden. It manages reprint collections of individual researchers, imports reference information from databases such as Medline, and assists in manuscript production. *GetARef* includes several methods to enter reference information, a large number of import utilities, and fast free-text retrieval. The developer, Dr. Benoni Edin, is himself a medical researcher and his experience in these matters is evident in the feel and functionality of the software. *GetARef* is $250US ($100US for graduate students) for a single-user copy with significant discounts available for multiple copies.

1.1. Installation and Support

GetARef requires Windows 3.1 and works with OS/2, Windows 95, and Windows NT. It may be installed on a LAN. Installation is straightforward; all necessary files are copied into one directory without modifications to the config.sys or autoexec.bat files. As claimed in the brochure, DatAid AB has responded to my technical queries within 24 hours by electronic mail. New utilities to import references from commercially available databases are routinely developed by DatAid AB and are provided at no charge to *GetARef* users. It also provides an ftp-service in order that users have continuous access to the most recent program versions. This paper reviews the May 1, 1995, release of *GetARef*.

1.2. Handling References

GetARef imposes no restrictions on the number of reference files with generous limits for each reference file: 32K references/file and 16K characters/reference. References may be added to a reference file through error-checking dialogues. However, since it has separate files for the ascii contents of the references and the mapping/indexing information, it is also possible to edit the references using a favorite word processor or *GetARef's* built-in text editor. With the increasing proliferation of computerized bibliographic databases, scientific literature is becoming more readily available to every researcher. References may be automatically imported from more than 80 different sources including Medlars, Silverplatter, Compact Cambridge, Reference Update™, Datastar, STN, CDPlus, Dialog, and Current Contents™. References may also be exported in the Medlars format.

GetARef allows users to access any reference as quickly as possible. Single line displays permit rapid overview, free-text search operations using Boolean operators allow swift selections and taggings, and easy-to-read displays allow large amounts of material to be scanned in a short time. It is straightforward to paste properly formatted references directly into a text document. One may also paste place-holders, called "pseudo-citations", created by *GetARef* into a document and let GarDoc, another utility included with *GetARef*, create a submission ready manuscript with proper citation forms and formatted reference list.

1.3. Documentation

The only hard copy documentation that is shipped with the software is a concise tutorial. An excellent introduction to the main functions of *GetARef*, it provides a short presentation of each component of the software, a 'how-to' section, and a troubleshooting appendix. However, be forewarned that due to the rapid changes to the software made available via the ftp site, some sections of the tutorial, especially the illustrations, do not accurately reflect the software's functionality or its user interface. On the other hand, the on-line help, which also serves as the reference manual, is always up to date. It is comprehensive, with many intuitive cross-links, and is peppered with many examples. All dialog boxes also have context sensitive help buttons.

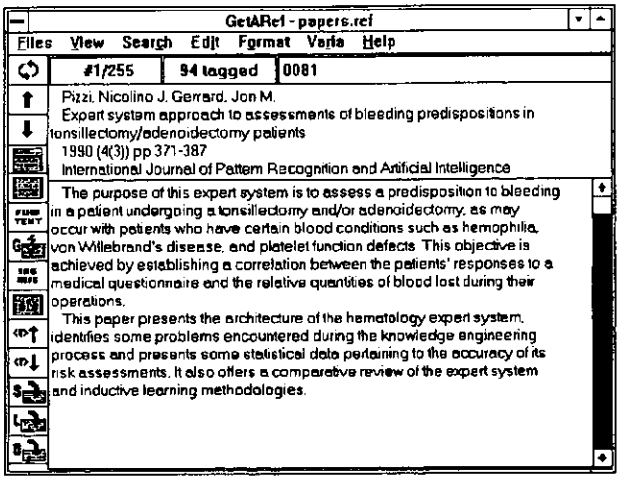
1.4. Handling Journal Names

It is time-consuming and difficult to enter correct journal name forms in references. *GetARef* offers a solution to this problem by means of its database of journal names and the associated tools for handling this database. Whenever a formatted reference is created by *GetARef*, the journal name is automatically checked against the database and either the correct full journal name or an abbreviated form is used depending on the specifications of the format. The National Library of Medicine (NLM), Washington, DC catalogues over 80,000 names of periodicals and journals of which over 15,000 are included in *GetARef*. *GetARef*'s database is strongly biased towards journals relevant to the medical sciences. Nevertheless, it is a straightforward procedure to enter new journals into its database. The journals are represented in the database by their full name and abbreviated forms as defined by Medlars, BIOSIS and ISI. The ISSN of the journal is also stored.

2. *GetARef:* The Main Program

GetARef is also the name of the main program in the *GetARef* system. It allows the user to search for citations, edit comments, and prepare manuscripts. When launched, it displays the first reference of the most recently opened reference file. Figure 1 shows a typical display of a single reference. A number of sub-windows are presented. The main body of the reference contains all the information that may be used when the reference is cited including authors, title, year of publication, volume/issue, pages, and journal name. The scrollable comment area may be used to add an abstract or comments about the reference. The three sub-windows above the main reference body

contain: the sequential number of the displayed reference and the total number of references in the file; the number of tagged references in this file; and an identification string. The user is free to use the identification string in any way. I use the identification string to record an accession number in order that I can easily find relevant reprints in my files. The menus on the menu bar contain a number of commands, most with keyboard shortcuts (that, unfortunately, cannot be reassigned by the user), to view, search, edit, and format references. The vertical toolbar located to the left of the display contains a set of tool buttons designed to give quick access to frequently used menu commands. The display of some tool buttons are dependent upon previous actions. For example, if a set of references have been tagged then three buttons after the button labeled "TAG REFS" will appear so that tagged references may be viewed as a collection, or scrolled through forward and backward, respectively. Unfortunately, the tool palette cannot be customized by the user.


GetARef - papers.ref
Files View Search Edit Format Varia Help
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Pizzi, Nicolino J. Gerrard, Jon M.
Expert system approach to assessments of bleeding predispositions in tonsillectomy/adenoidectomy patients
1990 (4(3)) pp 371-387
International Journal of Pattern Recognition and Artificial Intelligence
The purpose of this expert system is to assess a predisposition to bleeding in a patient undergoing a tonsillectomy and/or adenoidectomy, as may occur with patients who have certain blood conditions such as hemophilia, von Willebrand's disease, and platelet function defects. This objective is achieved by establishing a correlation between the patients' responses to a medical questionnaire and the relative quantities of blood lost during their operations.
This paper presents the architecture of the hematology expert system, identifies some problems encountered during the knowledge engineering process and presents some statistical data pertaining to the accuracy of its risk assessments. It also offers a comparative review of the expert system and inductive learning methodologies.

Figure 1: GetARef's main window

2.1. The Menus

The **FILE** menu allows the user to open, create, or delete a reference file, append the current reference or a set of tagged references to another reference file, and export tagged references, a single reference, or the entire set of references from the current file in Medlars format. The **VIEW** menu allows the user to move to the next/previous, first/last reference as well as the next/previous tagged reference and toggles between the single reference display mode and a single line mode, a compact form that presents several references as single line entries. In this mode, if a reference is clicked on with the left mouse button, it will move that reference to the top of the screen; an action that took some time to get used to. The **SEARCH** menu contains commands for tagging references and getting references containing combinations of strings. The operations of tagging and getting references are conceptually similar; find a subset of references in a reference file that satisfy a search criterion. The difference is that tagged references may be processed in a batch style, that is, the **GET** command stops the search at the first reference that satisfies the search criterion whereas **TAG** traverses the whole reference file marking all references that satisfy the search criterion. For example, once a set of references have been tagged they may be: appended to another reference file; deleted; or viewed collectively. Tags may also be toggled individually or collectively inverted (a negative filter). The **EDIT** menu contains commands to: edit or delete the current reference; delete all tagged references; add a new reference to the file; or edit the entire reference file using *GetARef's* built-in text editor. The Format menu contains commands to: read or edit journal formats; create short and long citation formats, based on the selected journal format, for inclusion to a manuscript; and create document formats.

2.2. The Search Engine

The search engine is fast and comprehensive. Boolean operators must be in uppercase (for example, and, or, not, xor). Field operators are useful in constraining the search to specific fields, for instance au(**zadeh,l**) finds references whose author field contains **zadeh,l**. Other field operators include identification string, title, year, volume, pages, source, editor, publisher, city of publication, and comment/abstract field. When a reference is displayed because the user has used search terms, *GetARef* highlights the search terms. It also keeps track of which references were tagged in a reference file from a previous session. Search expressions are saved from previous sessions and may be accessed through a scrollable list.

It should be noted that *GetARef* does not incorporate keywords into a reference, hence the search engine has no keyword searching facility. This may be problematic for those accustomed to strict keyword searches. However, it is simple enough to add user-defined keywords as free-text at the end of the comment field. If they need to be distinguished, they may be prefixed or postfixed with some unique character combination or even inserted into the identification field.

2.3. Editing a Reference File

GetARef offers several ways to modify a reference file. One may edit a single reference, append or insert references into a file, delete a single or group of tagged references, or edit the reference file itself using an editor. It is mostly a matter of taste whether one uses the editor or the structured dialogs

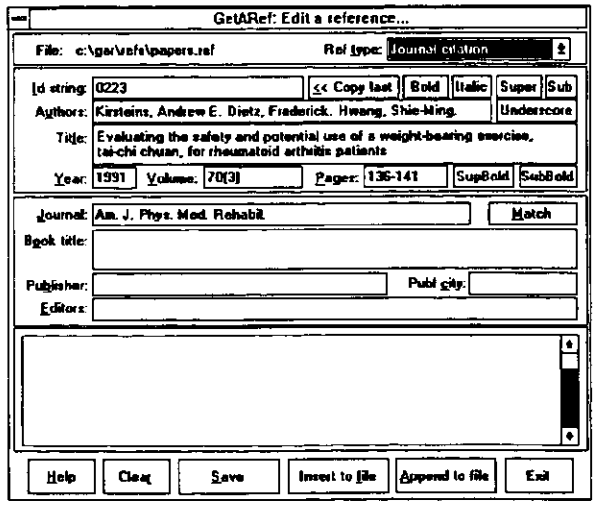

Figure 2: Edit/Add reference dialog box

provided by the **EDIT** and **ADD** references commands. The advantage of using the reference file is that it is faster. The advantage of using the dialogs, is that *GetARef* automatically checks for formal errors when one tries to store a reference into a file. When the **EDIT** or **ADD** commands are selected, a dialog box similar to the one in Figure 2 is presented. There are only three types of references, journal citations, monographs, or chapters from multi-author books. Fields are grayed out if they are not appropriate for the reference type selected. *GetARef* warns the user if relevant fields are missing and asks for confirmation before it proceeds with saving the reference to the file. Unfortunately, there is not a reference type for papers in conference proceedings. The workaround is to use the monograph reference type and to leave the publisher and publication city fields blank (unless, of course, they are known). Before the information is actually stored, *GetARef* checks that all fields are formally correct. For example, the author field requires that all authors are entered with their last name followed by a comma followed by the rest of their name followed by a period.

Pseudo-Citations and Formatted References

Pseudo-citations are place-holders for citations. The utility GarDoc will replace them by proper short forms and use them when inserting a reference list in a manuscript. A pseudo-citation is copied to the clipboard via the **CREATE DOCUMENT FORMAT** command or pressing the tool button labeled D. In addition to pseudo-citations, any time a reference file is opened, the user may associate a journal format file with it. A journal format file has the extension **FOR** and contains descriptions of the format for journal, monograph, and multi-author book citations (both long and short formats) for that journal. The user may then transfer a reference to a text document conforming to the associated journal format.

3. The Utility Program Suite

A suite of utility programs is included with *GetARef* that allows the user to import database downloads, compare reference files, create journal reference formats, and create submission ready manuscripts. All utility programs may be invoked via *GetARef's* **VARIA** menu. They also have their own program icons and may be started from Windows' Program Manager.

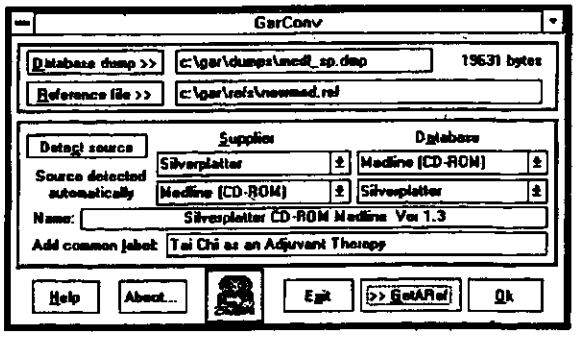

Figure 3: GarConv

3.1. GarConv

GarConv is a utility program that is used to convert database downloads into *GetARef* reference files. It can handle downloads from over 80 different bibliographic database sources. Figure 3 shows a typical GarConv dialog box. A database download file must first be specified (in this case the download is from Silverplatter **CD-ROM** Medline Version 1.3). GarConv usually detects the source automatically but if there are difficulties the user may manually select the supplier and database. Although this process is usually automatic, the user should make a habit of checking that the recognized source is indeed correct; there is no fool-proof way of determining the origin of a download file. For example, I had generated a download from Current Contents™. When it converted the download, the last letter of the last author's surname was missing from every reference. Fortunately I was able to save another version of my download from Current Contents™ in NLM-Medline format which worked correctly with GarConv.

3.2. GarForm

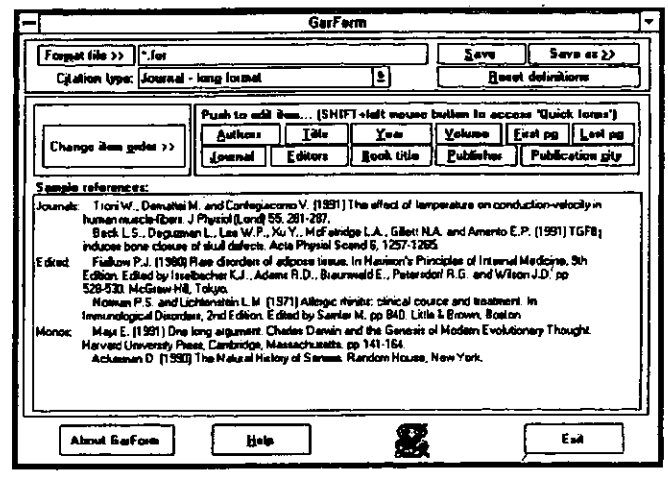

Figure 4: GarForm

GarForm is used to create reference formats suitable for different journals. It is fairly straightforward to specify a new journal format either by using one of the existing ones as a template to modify or creating a new one. Figure 4 illustrates the dialog box that is displayed when GarForm is launched. In the lower part of GarForm's window are example references using the current definitions. An extremely useful feature, the examples reflect the prevailing definitions of the three types of sources handled by *GetARef:* journals, edited books and monographs. Two formats have to be defined for each of the three source types: the short form is intended for use in the running text and the long format for reference lists or bibliographies.

The term "item" is used to denote a field value for a reference such as author names, publication year, or journal title. After selecting a file name, the user specifies the item order for the new journal format. Specifying attributes for each required item is greatly simplified by using "Quick forms" when possible. Quick forms are scrollable lists of templates that the user can select. These templates cover the submission requirements for most jour-

nals, however, GarForm allows more detailed control of an item's appearance.

3.3. GarDoc

GarDoc creates submission ready manuscripts. The user selects the desired citations and GarDoc gives these citations a proper form and inserts a properly formatted reference list into the manuscript. Pseudo-citations must be inserted at each place in the manuscript where the user wants to make a citation and the text string "{{references}}" at the place where the reference list is to appear. If one uses Microsoft Word then the manuscript must be saved as an RTF document (in this example, ann.rtf). In addition, GarDoc recognizes ascii format, WordPerfect, Ventura Publisher, Sprint, and WordStar. (DatAid also provides a utility to define document format for word processors that utilize embedded codes). The destination journal is selected and the user selects the sorting order for the reference list. When GarDoc is finished a new file is created with the submission ready manuscript (in this example, ann.out).

3.4. Gar[Comp, List, Sort, Req]

GarComp compares two reference files and reports how many references are common and how many are unique. GarList generates user-specified sorted reference lists. The list can be sent directly to a printer or stored in a file in either rtf or ascii format. Although *GetARef* does not require references to be sorted in any particular order, the user is nevertheless provided with a utility, GarSort, that sorts the references in a file.

GarReq generates customized reprint requests. This program is particularly useful if the user has access to databases with author address fields. GarReq reads a reference file and pulls out the references that have an address in their comment field. Using the address information, GarReq can produce two types of files that can be used by a word processor: either a data file used for mail merging, or, with the help of a user-provided template file, an output file that contains the actual reprint requests and can be imported to a word processor for printing. Currently, GarReq directly supports word processors that can read and write rtf files such as Word for Windows 2.0-6.0 and Word Perfect 5.1-6.0 for Windows.

4. *GetARef* and *Microsoft Word*

DatAid AB includes a *Microsoft Word* Add-in module, ***getaref.wll***, that automatically inserts a new menu item labeled *GetARef* in *Word*'s main menu (Figure 5). It includes some *GetARef* commands in *Word* including switching to *GetARef* and GarDoc, creating a reference list, pasting a pseudo-citation from ***GETAREF***, and viewing the *GetARef* reference that is associated with a particular pseudo-citation. In addition, the commands **View reference at cursor** and **PASTE from *GetARef*** are available from the Word menu that pops up when the cursor is located at a position in the document and the user presses the right mouse button. In order to use this module it must placed in *Microsoft Word*'s startup directory.

5. Conclusion

GetARef is a well-integrated suite of reference handling programs. Researchers (especially medical researchers) will find the software comprehensive and sufficiently flexible to incorporate individual nuances. Apart from some minor quirks, the interface is clean and expressive and the on-line help is extensive and thorough.

In the tutorial is the surprisingly forthright statement, "... no software lives forever. When a product that is better than *GetARef* appears some time in the future, it is crucial that valuable reference information can be transferred from *GetARef* to this new system...". For the interim *GetARef* will serve the researcher well.■

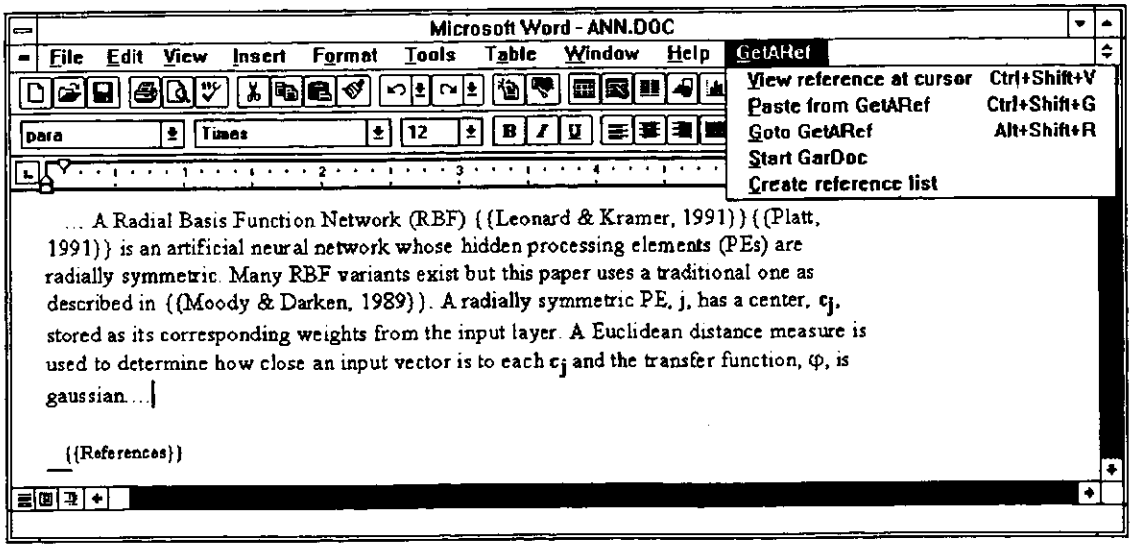
Microsoft Word - ANN.DOC
File Edit View Insert Format Tools Table Window Help GetARef
View reference at cursor Ctrl+Shift+V
Paste from GetARef Ctrl+Shift+G
Goto GetARef Alt+Shift+R
Start GarDoc
Create reference list
para
Times
12
... A Radial Basis Function Network (RBF) {{Leonard & Kramer, 1991}} {{Platt, 1991}} is an artificial neural network whose hidden processing elements (PEs) are radially symmetric. Many RBF variants exist but this paper uses a traditional one as described in {{Moody & Darken, 1989}}. A radially symmetric PE, j, has a center, c_j, stored as its corresponding weights from the input layer. A Euclidean distance measure is used to determine how close an input vector is to each c_j and the transfer function, φ, is gaussian....
{{References}}

Figure 5: GetARef add-in module for Word

An Evaluation of *STAT!-Ref* as a Basic Drug Information Source for Hospital Libraries

Anitra Laycock,
Director, Health Sciences Library
Camp Hill Medical Centre

Brian Tuttle, Director,
Drug Information Centre,
Camp Hill Medical Centre

Overview of the Software

STAT!-Ref Medical Information Compact Disc is an electronic library providing on a single CD-ROM full text access to up to 30 common medical reference texts. Tables and references, are also accessible and there is also an option to include ten years of citations and abstracts from twenty leading medical journals. Updates are provided quarterly and the program will run on Mac and IBM/PC compatible computers under Windows. The package, which emphasizes resources in primary care and oncology, is aimed primarily at physicians in family practice and very favourable rates are available to accredited Family Practice Residency Programs. The Family Medicine Department at Camp Hill Medical Centre has had *STAT!-Ref* in active use for over a year and has found it a valuable addition to their armamentarium. An article by Dr. Stewart Cameron outlining the experiences of Family Medicine residents with *STAT!-Ref* is presently being prepared for publication.

At US$2,500 a year the price of the full package would make a significant dent in most library budgets these days but *STAT!-Ref* does come with full mix and match capabilities which allow the user to subscribe to as little as a single book. All discs contain the full *STAT!-Ref* Library and subscriptions may be changed simply by means of a telephone call to Teton Data Systems who will reveal the appropriate access codes.

A number of prepackaged specialty libraries are offered at a set price, including *Primary Care Rx*, a selection of basic drug reference books, which is being evaluated here.

- *Primary Care Rx CD-ROM - US$595*
- *USP: Drug Information for the Health Care Professional*
- *USP: Advice for the Patient*
- *Physicians GenRx - The Complete Drug Reference*
- *The Medical Letter (1988 - present)*
- *Handbook of Adverse Drug Interactions*

Since the five books if ordered separately from Teton would also cost in total $595 there is no price advantage offered by the package. There are other drug books available on *STAT!-Ref* in particular the *AHFS Drug Information* (US$250) and *AMA: Drug Evaluations* (US$200) which might be preferred for many situations. All the books are standard works and considered authoritative sources for answering drug-related questions.

In evaluating *Primary Care Rx* the questions to be addressed are concerned with both ease of use of the programme in extracting information efficiently and effectively for the average end-user and whether the selected book package is one which will most satisfactorily provide answers to the typical questions being asked. Of course, the answer to the second question will be affected by the situation in which it is being used and here we are assuming that use is in a general hospital library setting. After first describing the basic features of *STAT!-Ref* the results of an analysis of the results of a number of typical searches for drug-related information will be described.

Program Features

Intended for intuitive use by the untrained user *STAT!-Ref* offers simple and unsophisticated search logic and the program features are easy to navigate for anyone familiar with Windows.

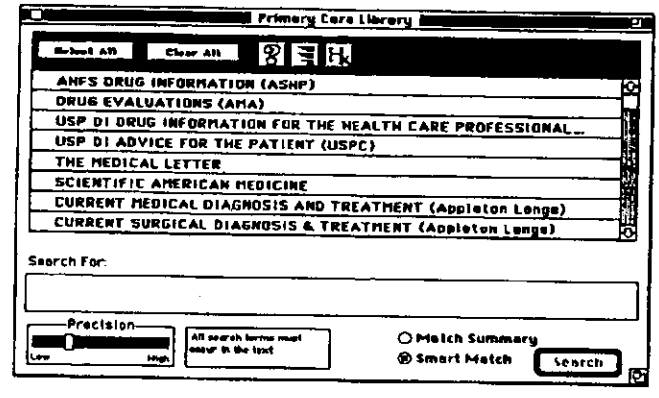

Figure 1: Search window

A list of books to which a current subscription is held appears in the **Search Window** and from this list books may be selected in any number and combination as required. Search statements are entered as single words or as a string of words. Enclosing a string of two or more words in double quotes or connecting words by hyphens allows them to be searched as if they were a single term. Common words including the usual Boolean operators, AND, OR and NOT are simply ignored. A search can be entered in natural language. After dropping the stop words, the system will search the remainder. A drawback to this method of searching will be the length of time it takes to determine whether or not all remaining words are in the *STAT!-Ref* dictionary. Those words the system cannot recognize will be displayed and the search must then be re-entered without them. Fastest results are obtained by predetermining the best search strategy and using key words only.

Search logic is provided with the use of the **Precision Bar** which has five settings. At the lowest setting the program will report any matches it finds for every search term used. This is the equivalent of using the Boolean operator "OR" and if the precision bar is set at this level no amount of ANDing in the search statement is going to have any effect. The basic unit for searching is a section of book and at the second setting all search

terms have to be present in the section before a match is reported, an equivalent to the a Boolean "AND".

The top three settings of the **Precision Bar** introduce an adjacency parameter designed to allow increased relevancy of retrieval. With these settings a choice can be to match words when they are within 10, 5, 1 word of each other in a section. The highest level of precision, immediate word adjacency, would actually appear to be superfluous since the use of hyphens and quotation marks when entering the search statement actually provides a more flexible option. For example, a search "chest pain" "myocardial infarction" while requiring immediate adjacency is not suitable for a level 5 **Precision Bar** setting which would require all four words in the search statement to be immediately adjacent.

In the use of the adjacency feature there is a caveat that needs to be noted. For a match to be recorded the words must occur in the text in the exact word order they were entered in the search statement. Although in some cases there may be a logical search order this is certainly not always so and retrieval may differ considerably as a result of the word order input.

Having entered the search statement and set the Precision Bar to an appropriate level there is a choice of whether search results will be presented either as a **Match Summary** or as **Smart Match**.

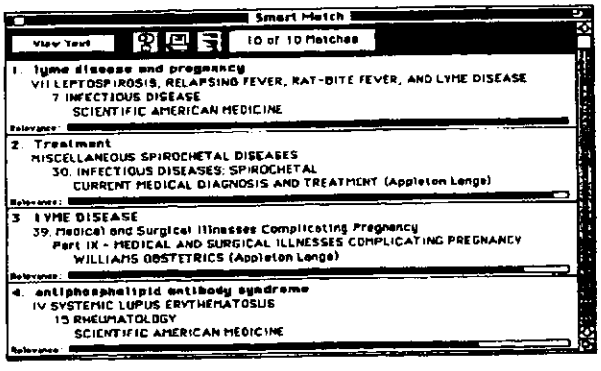

Figure 2: Smart Match window

A **Match Summary** search retrieves all the matches and presents them in outline form arranged by book, book chapter and section, listing the number of citations found at each level. Records of potential interest can be displayed to the screen and printed as required. This is the electronic equivalent of using the Table of Contents of a number of reference books to find the best source for information on a specific subject with, of course, the added advantage that only potentially relevant material need be sorted through.

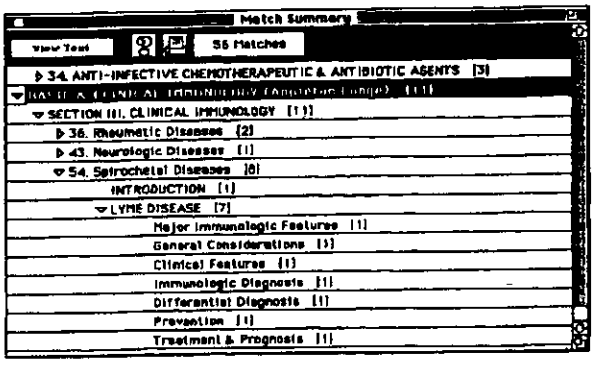

Figure 3: Expanded Match Summary window

Smart Match matches search output to four designated relevance criteria based essentially on frequency and clustering of matches. From the results obtained a list is produced of up to 20 matches ranked in order of relevance. The relevancy ranking appears to work well and for most search purposes this will be the option of choice.

Another potentially useful feature for searching is the ability to search with multiple suffixes, for example, searching 'infarction' with the multiple suffixes option turned on will retrieve variations such 'infarct' and 'infarcted' in addition to the search term itself.

Retrieved text or references can readily be selected and printed or moved directly to a word processor. The program also provides the capability of customizing retrieval by adding annotations to the retrieved text before printing. Icons provide simple access to other program features such as Bookmarking, Help, and Search History.

Drug Reference Sources on *STAT!-Ref*

The program was tested with a number of typical drug-related questions to see how it handled them. See Appendix 1 for a list of the questions used. In addition to the five books in the *Primary Care Rx* package *AHFS Drug Information* and *AMA: Drug Evaluations* were also included in the results, for comparative purposes. All searches were conducted using the **Smart Match** option and the quality of the retrieval was checked by viewing those matches deemed most relevant by the system.

Because the search unit is a 'section' of the book which may include information more than one drug the possibility of incidental association of search terms is quite high unless the precision of the search is increased to include the word adjacency feature. However, using word adjacency means employing a specific word order. Only when the terms are found in the exact word order you enter them in the search statement will a match be recorded. Thus, for example, the output from a search **cimetidine warfarin** (within 10 words of each other) is not the same as that from **warfarin cimetidine** (within 10 words of each other). The software engineers at Teton have recognized this as a problem and are working on a 1996 release of the software which will address it.

For the purposes of the trial, searches that could be reduced to two terms were searched at the precision level of 10 word adjacency and in both possible sequences. The results were compared and averaged for scoring. Of course, in real life one is looking for an answer and the first suitable one found is enough but users should be aware that it may be necessary to reverse word order or lower precision if they do not get the result they are looking for.

For searches requiring more than two terms in the search statement it is really only practical to search at the second precision level, which is equivalent to 'anding' all terms. At this level the more terms can be included in the search statement the more precise and, hopefully, more relevant the output. Spurious results were most commonly encountered in three-term searches. However, search #8 in the list, on renal insufficiency and digoxin dosage, was the only one that provided an overall poor ranking due to irrelevant associations. In this example (Figure 4) the answer was actually found in the fifth and seventh ranked references and the second ranked reference was not relevant at all.

NOTE:
SEARCH: renal-insufficiency digoxin dosage

1. **Treatment**
   CARDIAC FAILURE
   9. HEART
   CURRENT MEDICAL DIAGNOSIS & TREATMENT - 34th Ed. (1995)
Relevance:

2. **CLINICAL PHARMACOLOGY**
   FAMCICLOVIR
   "F" DRUG INFORMATION
   PHYSICIANS GENRx - THE COMPLETE DRUG REFERENCE (NOV 1994)
Relevance:

3. **DRUGS FOR CHRONIC HEART FAILURE [35:896]**
   APR-JUN (893-889)
   1993 - VOLUME 35 (ISSUE 887-912)
   THE MEDICAL LETTER ON DRUGS AND THERAPEUTICS (1988-1994)
Relevance:

4. **DOSAGE AND ADMINISTRATION**
   DIGOXIN
   "D" DRUG INFORMATION
   PHYSICIANS GENRx - THE COMPLETE DRUG REFERENCE (NOV 1994)
Relevance:

5. **Dosage and Administration**
   Cardiac Drugs 24:04
   Cardiovascular Drugs 24:00
   AHFS DRUG INFORMATION (1994)
Relevance:

6. **Drug Interactions**
   Cardiac Drugs 24:04
   Cardiovascular Drugs 24:00
   AHFS DRUG INFORMATION (1994)
Relevance:

7. **Dosage Alteration for Patients with Renal Impairment**
   2. Drug Response Variation and Dosing Information
   Section 1 - GENERAL INFORMATION
   AMA DRUG EVALUATIONS (FALL 1994)
Relevance:

8. **PRECAUTIONS**
   HYDROCHLOROTHIAZIDE; LISINOPRIL
   "H" DRUG INFORMATION
   PHYSICIANS GENRx - THE COMPLETE DRUG REFERENCE (NOV 1994)
Relevance:

9. **Drug interactions and/or related problems**
   DIURETICS, POTASSIUM-SPARING Systemic
   "D" Drug Information
   USP DI DRUG INFORMATION FOR THE HEALTH CARE PROFESSIONAL (SEP 1994)
Relevance:

10. **Drugs & the Kidney**
    RENAL DISEASE & THE SURGICAL PATIENT
    5. SPECIAL MEDICAL PROBLEMS IN SURGICAL PATIENTS
    CURRENT SURGICAL DIAGNOSIS & TREATMENT - 10th Ed. (1994)
Relevance:

11. **Precautions and Contraindications**
    Serums 80:04
    Serums, Toxoids, and Vaccines 80:00
    AHFS DRUG INFORMATION (1994)
Relevance:

Figure 4: Example Search window

Results of Survey

Although the sample survey was small the results did show quite a spread in how the various references scored in their ability to provide relevant answers to the questions asked. Books were scored on a 1-10 scale on the basis of their relevance ranking for each search, as indicated by the Smart Match output and confirmed on examination. Thus, the top-ranked reference or references, in each search, those with 100% relevance confirmed, were accorded 10 points and with reduced relevance successively fewer points were assigned.

Overall Ranking of Drug Texts on *STAT!-Ref*

AHFS Drug Information	161
Physicians GenRx - The Complete Drug Reference	118
AMA: Drug Evaluations	75
USP: Drug Information (Health Care Professional)	64
Medical Letter	63
USP Advice for the Patient	27
Handbook of Adverse Drug Interactions	2

The *Primary Care Rx* package with a score of 52% and a cost of US$595 would seem from these results to be a less attractive option than a subscription to the top three books which scored 70% and cost US$575. The choice made will of course depend on the focus of each library or user group but it should be noted that at a cost of US$175 the last two books scored between them less than 6%.

Summary and Conclusions

There is no doubt that *STAT!-Ref* can provide libraries with a very useful basic reference package that can be tailored to particular needs. The advantage, as we see it, lies in putting together a collection of related materials, such as the drug-related materials looked at here, which can be cross-searched. Whether it is worth having single books, such as Stein's *Internal Medicine*, or even groups of unrelated texts on a library CD-ROM is more debatable. It might be easier and more satisfactory to go to the hard copy to find the information required.

Network versions of *STAT!-Ref* are available and could be an attractive option for provision of a virtual library service. The price for 1-5 concurrent users is three times the single user price. A Site License for 11-20 concurrent users is ten times the single user price. One real negative is that Teton has replaced the full instruction manual that used to accompany *STAT!-Ref* with a flimsy insert in the CD case which only briefly, and to our minds inadequately, summarizes the major features of the program. ■

Appendix 1 Search Questions used in the Trial

1. Can erythromycin be given to a patient taking theophylline?
2. What dosage modifications should be made to theophylline in a patient who is given a prescription for cimetidine?
3. What precautions should be taken when isotretinoin is being considered in women of child-bearing age?
4. Can cimetidine be prescribed for a patient receiving warfarin?
5. What is the make-up of the current influenza vaccine?
6. What is the mechanism of action of Bacillus Calmette-Guerin in treatment of cancer of the urinary bladder?
7. Can lindane (gamma benzene hydrochloride) be recommended for use during pregnancy?
8. How do you adjust the dosage of digoxin when there is renal insufficiency?
9. What is the recommended antibiotic prophylaxis for uncomplicated appendectomy?
10. Are there any advantages of amoxicillin over erythromycin in the prophylaxis of acute otitis media?
11. What strength of podophyllin is recommended for the topical treatment of the common wart?
12. What advice should be given to patients receiving nifedipine for high blood pressure? ■

Minutes of the CHLA/ABSC Nineteenth Annual General Meeting, St. John's, Newfoundland, June 6, 1995

1.0 Call to Order at 2:00 p.m.

1.1 Adoption of the Agenda.

The agenda was adopted without amendments. Moved by D. Crawford, seconded by G. Moores. Carried.

1.2 Adoption of the Minutes of the 18th. Annual General Meeting.

The minutes were adopted without amendments.

Moved by J. Henderson, seconded by L. Wyndham. Carried.

2.0 Business Arising.

There was no business arising.

3.0 Board Reports.

3.1 President.

G. Beckett characterised 1994/5 as a period of challenge and opportunity, with a number of initiatives proceeding within the context of the Strategic Plan. Highlights included the publication of the second edition of **CHLA/ABSC standards for library & information services in Canadian healthcare facilities**. The meeting showed its appreciation of the work of the members of the Task Force, J. Inglis, J. Joyce and S. Mensinkai, in producing an excellent document which it is anticipated will make a major contribution to the profession. ASTED is collaborating with CHLA/ABSC to produce a French translation.

G. Beckett also acknowledged the progress made by the Task Force on Resource Sharing in its first year, and the representation by L. Starr and L. Wilcox on the ABSTI Sub-Committee on Health Sciences Information. Copyright became an active issue again, with a Fact Sheet on Copyright being distributed. The Golden Horseshoe chapter was welcomed to the Association as the seventeenth and newest chapter.

3.2 Continuing Education.

L. Wyndham reported on cooperative work with S. Wotherspoon to provide the 1995 conference C.E. courses, and the development of a new evaluation form used for the first time at the 1995 conference. Telemedicine courses ranging from cataloguing to World Wide Web were organised in coordination with J. Hatton (CE coordinator, OHLA). The student paper prize was organised, and Fact Sheets on Copyright and WWW will be available and distributed with BMC. Three book reviews will also appear in BMC, although CE coverage in BMC has generally been sparse. She welcomed input and suggestions from the membership for the coming year.

3.3 Public Relations.

A written report was submitted by C. Brault, who was unable to attend. G. Beckett noted on the completion of her two year term on the Board that she had broken new ground for the Association in their relationship with ASTED.

3.4 BMC Editor.

B. Brown read the report submitted by D. Colborne. He noted that with conference presentations and submitted articles and reviews there was always plenty of material to publish in BMC, which raised questions about the format, quality and cost of BMC. He also noted that advertising revenue had dried up. One other concern was the comparative lack of news items in BMC. It was announced that D. Giustini had been appointed Assistant BMC Editor for 1995/6. In response to a question from J. Bayne, G. Beckett said that after considerable discussion the Board is looking at ways of controlling costs, particularly those associated with the pre-printing work, without changing the format.

3.5 Treasurer.

J. Henderson presented the audited financial statements for the year ending December 31, 1994, including the Statement of Income, Expenses & Capital, and the Balance Sheet. He noted the excellent conference income, decreased publications and advertising revenue, relatively unchanged membership and decreased Board expenses. There was continuing concern about BMC expenses, and lack of successful applicants for the Development Fund. It was moved by S. Murray, seconded by J. Bayne, that the Auditor's report be approved, and that K. Kimmerly be reappointed as Auditor for 1995. Carried.

J. Henderson introduced the 1995 budget, which included a conservative estimate for revenue from the sale of the new Standards publication. G. Beckett noted that $7000.00 had been allocated to the Development Fund, and encouraged applications. J. Leishman suggested that the Board clarify whether the Fund exists to further the aims of specific groups or the overall aims of CHLA/ABSC, and that this be reflected in the application guidelines.

It was moved by L. Starr, seconded by L. Wyndham, that CHLA/ABSC apply for charitable status under the GST legislation. Carried. This will allow the Association to be reimbursed for 50% of the GST it pays. J. Henderson will clarify if this will permit members to submit a tax receipt for Association membership.

3.6 Nominations & Elections.

B. Brown reported that 450 ballots were sent out, and 259 (58%) were returned unspoilt. There were 5 candidates well distributed by location and institution type. The successful candidates were Susan Murray (Vice-President/President Elect), J. Henderson (Treasurer) and A. Laycock (Public Relations). It was moved by B. Brown, seconded by J. Inglis, that the 259 ballots be destroyed. Carried.

4.0 Other Reports.

4.1 CISTI Advisory Committee.

L. Starr reported that the ABSTI Sub-Committee had met once, with information from that meeting appearing in BMC. Since that meeting ABSTI had been reconstituted because of its added responsibility for NRC journal publications, and she expected the Sub-Committee would also be reconstituted and then meet in summer 1995. G. Beckett felt that the formation of the Sub-Committee has been a positive development and was an effective advisory committee to CISTI.

Canadian Health Libraries Association
Association des bibliothèques de la santé du Canada

Fact Sheet No. 13

Copyright for Canadian Libraries

The issue of copyright has come to prominence recently for many CHLA/ABSC members due to the distribution of a questionnaire concerning copyright issues by the Canadian Reprography Institute (CANCOPY) to their libraries. Copying and copyright issues are an institutional, not just a library concern; however the library is often a convenient focus of approach and it is important for staff to be aware of both their rights and responsibilities with respect to copyright. This fact sheet is intended to be a starting point — it will address aspects of the legislation of particular importance to CHLA/ABSC members and suggest resources for further study. It should not be relied on for legal advice. For an excellent overview of the implications of Canadian copyright law for computer software in libraries see the CHLA/ABSC Fact Sheet No. 4, prepared by Bill Maes in 1989.

THE BACKGROUND

Copyright legislation has existed in Canada since 1924, when reproducing a work was a highly laborious process. Since that time, sweeping changes in technology, in the economy and in society have made the reproduction of all or part of a work in almost any format a simple process accessible to virtually everyone. In the absence of appropriate guidelines, photocopiers turned out millions of pages, people learned how to tape their favourite videos and pirated software crept onto a disturbing number of PC's. Clearly there was significant need to update the Copyright Act in order to accommodate developments not envisioned in the 1920's.

In 1988 the Federal Government passed Phase I of a planned three-phase series of reforms or amendments to the Act. Phase I (known as Bill C-60) contained provisions intended to clarify the rights of copyright holders. In addition, it provided for the protection of computer software, established a new Copyright Board and set up the framework for licencing bodies or copyright collectives to handle royalty payments.

Phase II, anticipated "at any moment" since 1988 is expected to deal with the rights of users of copyrighted material and thus has significant implications for institutions of all types and for libraries in particular. Phase III, to be introduced at some future date, is expectecd to deal with electronic media and will also be eagerly awaited by the library community.

beside the photocopier is a good way of educating users and encouraging compliance. Library staff are also in an excellent position to assume a proactive educational role within their organization, assisting with developing institutional policies and making other staff aware of how to deal effectively with copyright issues. It is important to note that ignorance of the law cannot be considered a defence if the copyright police come knocking on your door!

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Lois Wyndham, May 1995

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Author Index

Bagby, Dallas 28-29
Baker, Lynda M. 60-63
Baldwin, Elaine 37
Beckett, George 5, 58, 98, 138, 167
Belzile, Sylvie 140-143
Boilard, David W. 102-104
Brault, Carole 87
Brown, Bev 17, 155
Busby, Lorraine 159-161
Campbell, Bonnie 105-109
Chambers, Larry W. 105-109
Clark, Paul 30
Cleyle, Susan 44, 116-118, 129
Colborne, Dave 57, 97, 110-113, 137
Dahlen, Karen Hackleman 102-104
Dickerson, Norma 42
Duffie, Elaine 94
Duncan, Vicky 64-67
Ellis, Patrick 21-22
Gagliardi, Anna 149-151
Goldblatt, Elena F. 105-109
Grant, Sharon L. 156-157
Greenwood, Jan 43
Gregg, Mora 145-148
Grégoire, Fleurette 140-143
Harper, Theresa 157
Hassen, Philip 119-122
Heaton, Gwynneth T. 162-163
Helik, Teresa 149-151
Henderson, Jim 18-20
Hyvarinen, Helen 33
Inglis, Judy 39, 40, 85, 86
Joyce, Janet 39, 86
Kazda, Ivana 105-109
Kilfoil, Anne 164-166
Lamarche, Michelle 26
Makowski, Georgia 7-13, 131
McCombs, Barrie 158
Mensinkai, Shaila 39, 86
Modig, Zeau D. 152-155
Murray, Susan 45, 77, 161
Neill, Judy 24
Pammett, Dianne 126, 168
Perry, Edwin M. 34
Pike, Elyse 77
Poluha, Bill 123
Rayment, Cathy 101
Shores, Sandra 3, 23
Skrzeszewski, Stan 71-76
Slachta, Michelle 90, 124
Starr, Lea 41
Vegso, Brenda 37
Vine, Rita 68-70
Wilcox, Linda 128

Subject Index to Volume 16

Association des bibliothèques de la santé des Maritimes
see Maritimes Health Libraries Association

Association des bibliothèques de la santé du Montréal
see Montreal Health Libraries Association

Association des bibliothèques de la santé du Canada
see Canadian Health Libraries Association

Book Reviews
see New Resources to Note

Bresinger, Sheindel (In Memoriam) 148

Canada Institute for Scientific and Technical Information 90, 124,126, 168

Canadian Health Libraries Association
ABSTI Subcommittee on Health Sciences Information 128
Annual General Meeting (18th) 14-16
BMC Editor's Report 23
CCHFA Representative Report 40, 85
Continuing Education 21-22
Copyright, CANCOPY & Canadian Hospital Libraries 167
DOCLINE Update 78-80
Honours and Awards 88-89
Hospital Librarian of the Year 3
Nominations & Elections Report 155
President's Report 17
Public Relations Report 87
Publications 48, 134, 170
Task Force on Resource Sharing 41, 84
Task Force on Standards for Library /Information Services in Canadian Health Facilities 39
Treasurer's Report 18-20

CANMEDLIB Discussion List 44, 129

CD-ROM Review
see New Resources to Note

Central Ontario Health Libraries Association 25, 42

Chapter Location Map 114-115

Chapter Reports
see individual chapters

CHLA/ABSC
see Canadian Health Libraries Association

CISTI
see Canada Institute for Scientific and Technical Information

DOCLINE
CHLA Update 78-80
CISTI 90, 124, 168
Resource Sharing Experience 101
Video 132

Editor's Message 3, 57, 97, 137

Golden Horseshoe Health Libraries Association 101, 137

Health Libraries Association of BC 24

Index to BMC (Volume 15) 53-54

Inglis, Judy 3

Internet Primer 68-70

l'ICIST
see Canada Institute for Scientific and Technical Information

Kingston Area Health Libraries Association 26

Libraries and Information Technology
Electronic Branch Library 110-113
Virtual Libraries 71-76

Library Role and Function
Clinical Medical Librarianship 7-13
Inventing Our Future Through Collaboration 119-122
Partners in Health Information 64-67
Partnership in Education 102-104

London and Area Health Libraries Association 27

Manitoba Health Libraries Association 28-29

Maritimes Health Libraries Association 30

Montreal Health Libraries Association 31

Network of Public Health Unit Libraries 105-109

New Resources to Note
Antioxidants, Cholesterol & Heart Disease 161
Canadian Internet Handbook 77
Clinical Oncology: a Selected List of New Books 1992-1994 87
Complete Canadian Health Guide 77
Directory of Interlibrary Loan Fees in Health Libraries of Greater Montreal 47
DOCLINE for Document Delivery [Video] 132
FAS/FAE Information Service 132
General Practitioner's Sourcebook 45
Introduction to the Internet [Video] 123, addendum 137
Mayo Clinic Family Pharmacist [CD-ROM] 158
Negotiating at an Uneven Table 157
Principles of Drug Information and Scientific Literature Evaluation 156-157
Proceedings of the 4th European Conference for Medical and Health Libraries, Oslo, 1994 87
Toronto Health Libraries Association/Consortium Union List of Periodicals 144
Union Serials List of the Windsor Area Health Libraries 87

Newfoundland and Labrador Health Libraries Association 94

Northern Alberta Health Libraries Association 32

Northern Exposure to Leadership Institute 131

Northwestern Ontario Health Libraries Association 33

Ontario Hospital Libraries Association 43

Patient Health Information Seeking 60-63

Pharmaceutical Information
EMBASE 152-155
Internet Resources 140-143
Mayo Clinic Family Pharmacist 158
Medicinal Plants 145-148

Pharmacoeconomics 149-151

Regionalizing Library Services 164-166

Resource Sharing via DOCLINE 101

Saskatchewan Health Libraries Association 34

Southern Alberta Health Libraries Association 35

Staff Development
Academic Medical Libraries 162-163
Computer Literacy 116-118
Conference Attending 159-161

Telemedicine Canada 92, 132, 144

Toronto Health Libraries Association 36

Video Reviews
see New Resources to Note

Wellington-Waterloo-Dufferin Health Library Network 37

Windsor Area Health LibrariesAssociation 38

Word from the President 5, 59, 98, 138

4.2 CCHSA Representative.

J. Inglis noted the change in acronym from CCHFA to CCHSA, to reflect the change in name from Canadian Council on Health Facilities Accreditation to Canadian Council on Health Services Accreditation to cover the full continuum of health care. CCHSA acute care standards published in February 1995 showed a significant change to a functional, client-centred approach, with the institution constituting the teams and formulating its goals and objectives. She reported that the experience of members has thus far been positive, and she hoped that collective experience and expertise would be shared through BMC and CANMEDLIB. She announced that J. Hatton will be the 1995/5 CCHSA representative.

4.3 Task Force on Standards.

J. Inglis thanked D. Davey and E. Reid for their efforts in the publication of the second edition of the Standards, which she hoped would serve librarians for a number of years to come. J. Bayne thanked the members of the Task Force on behalf of CHLA/ABSC for their impressive work. G. Beckett announced that the Task Force is now disbanded.

4.4 Task Force on Resource Sharing.

The Report of the Task Force was circulated. L. Starr stated that the Task Force will continue its work in the next year with P. Ellis as the new chair, and with G. Beckett joining the Task Force representing the ACMC/CMSL Task Force on Resource Sharing.

4.5 MLA Representative.

L. Starr introduced the new MLA Representative, K. Murray, who thanked the Association for its hospitality. She encouraged members to consider the Academy of Health Information Professionals, and gave the dates of the 1996 MLA Conference in Kansas City as June 1-5, followed by the American Medical Informatics Association meeting on June 6-8.

4.6 Introduction of MLA President, J. Bradley.

K. Murray introduced J. Bradley, who expressed her delight at being able to attend the CHLA/ABSC Conference, and thanked L. Starr for the invitation. She announced that the theme of MLA during her term in office is 'conversations', with people both familiar and unfamiliar, about the key and often difficult issues of the time. She noted the similarity of the topics addressed by both associations, including the need for members to focus their energies when considering new initiatives, the shift of information management in hospitals, the emergence of the electronic information environment, and shifting structures and administrations. She emphasized that communication is critical as we consider what we have to learn, and how we re-tool.

4.7 OHLA President.

D. Sprung, OHLA President, was introduced to the meeting.

5.0 New Business.

5.1 Honorary Life Membership.

G. Beckett announced that the Board unanimously agreed to award Audrey Kerr, Health Science Library, University of Manitoba, Honorary Life Membership in CHLA/ABSC. She will receive a certificate and letter of appreciation.

5.2 Student Paper Prize.

L. Wyndham thanked C. Brault for her efforts in publicizing the contest in schools across Canada. Five submissions were received, with the winner being Michelle Fiander from SLIS, Dalhousie University, for her paper 'End-user searching and the health professional', which will be published in BMC.

5.3 Strategic Plan.

An update to the document 'Recommitment to change' approved at the 17th. Annual Conference in Banff in 1993 was distributed. An introductory section has been added, as was Goal 6 : 'To pursue activities intended to enhance the health information dissemination system in Canada.' G. Beckett explained that the intent was not to diminish traditional roles, but to reflect that the Association has as a goal to take a strong advocacy role with respect to the Canadian health information system.

After some discussion a friendly amendment was moved by S. Maranda and seconded by B. Morrison, to change Goal 6, Action Plan 3 to read: 'Take on a strong advocacy role with organizations at the international, national and provincial levels which are involved with or have an impact upon health information access issues.' Carried.

It was then moved by J. Henderson, seconded by D. Crawford, that the Introduction and Goal 6 be added to 'Recommitment to change'. Carried.

The Board noted that that the strategic plan should be updated to reflect those Action Plans that had been successfully carried out.

5.4 Copyright.

G. Beckett noted the distribution of a Board statement and Fact Sheet on copyright, and the CLA/CASLIS joint information information sheet.

5.5 Call for Volunteers.

G. Beckett encouraged members to respond to Board members or on CANMEDLIB to the suggestion of a national benchmarking survey. He called for volunteers to contact himself or L. Starr if they are interested in the possibility of a CHLA/ABSC Code of Ethics. Also members were invited to approach the Board if they are interested in working on a new edition of a **Sourcebook on Canadian Health Statistics.**

6.0 Other Business.

6.1 1996 Conference.

S. Newman and E. Uleryk, co-chairs of the 1996 conference, reminded members to complete the 1996 Conference Planning questionnaire, and invited everyone to the 20th Annual Conference in Toronto from June 12th to 17th, 1996. The conference theme is 'Creative Connections.'

6.2 1998 Conference Location.

G. Beckett announced that the 1998 conference will be held on Kingston, with the 1997 conference taking place in Vancouver.

7.0 Transfer of Chair.

The Chair was transferred to L. Starr, who thanked the Board for their work, particularly B. Brown who leaves the Board after making a significant contribution to the Association, and to G. Beckett to whose experience she will look in the coming year. She looks forward to conversation with the membership, and to changing hope into action.

8.0 Adjournment.

Moved by S. Maranda that the meeting be adjourned. Carried. The meeting was so adjourned at 3:30 p.m. ■

Report of the 1994/95 CHLA/ABSC President

George Beckett

Echoing the words of Past-President Bev Brown, it has been a great honour for me to have served as CHLA/ABSC President over the past year. I have found the interaction with Association members to be personally enriching; the issues dealt with by your Board of Directors to be interesting and challenging; and the opportunity to participate in organizing the 1995 conference a satisfying experience as one of our smallest and newest chapters has organized an excellent conference!

Looking back over 1994/95 the overwhelming themes that strike me about the year are the amount of change and the rapid pace of events. Just as the health care industry in Canada is experiencing enormous change, so are CHLA/ABSC members and the Association. We have made significant achievements in 1994/95 and begun new developments which will be important for the future. Some of the notable events and activities of 1994/95 were:

1. The Task Force on Standards for Library/Information Services In Canadian Health Facilities has completed the revision of the *CHLA/ABSC Standards for Canadian Health Care Facility Libraries*, which were originally published in 1989. The new version is now available. The new standards mark a fundamental shift in emphasis from quantitative assessment factors to qualitative factors for assessing library and information services.

   The revised standards publication is the result of several years of difficult work by the dedicated members of the Task Force. All members of the Association owe Judy Inglis, Shaila Mensinkai and Janet Joyce a large vote of thanks for producing a quality document which will be of invaluable assistance for all health libraries.

2. The CHLA/ABSC Board has also arranged for publication of our revised standards in French. The French version will be published by ASTED in cooperation with CHLA/ABSC. Not only is this a significant development both for the publication of the standards but it is also an opportunity to develop cooperative efforts with ASTED.

3. CHLA/ABSC has participated in the revitalization of the CISTI ABSTI Subcommittee on Health Sciences Information, through its two representatives, Lea Starr and Linda Wilcox. The first meeting last fall was productive and indicative of a more effective role for this subcommittee than has been the case in the past. The Board feels that this committee is important for influencing the development of CISTI policy. We are committed to making it as effective as possible.

4. A new Task Force On Resource Sharing has been created to investigate issues involved with resource sharing in general and document delivery specifically. One of its roles is to facilitate the implementation of DOCLINE in Canada. This task force is a natural extension of the work begun by the Flower Report and the Joint SRCMSL/CHLA/ABSC Task Force on Interlibrary Loans. The Task Force is sponsoring a special forum on resource sharing at the 1995 conference and is investigating other ways to improve the flow of information on this topic for members. The task force members, Lea Starr, Patrick Ellis, Charlotte Beck and Joan Leishman, are working hard on developing ideas to assist CHLA/ABSC members with resource sharing issues.

5. Copyright has raised its head as an issue for hospital libraries as CANCOPY seems to be moving toward developing agreements in the health care sector. The Board has released a statement on this issue via e-mail and has encouraged the development of a fact sheet which provides more background information on copyright issues for our members. On behalf of the Board I have also been in contact with representatives of CASLIS and CLA discussing possible ways to work together on this important issue. Copyright is another example of an issue where all libraries have a shared interest.

6. With the production of the new version of the standards, the need for some quantitative data to assist in assessing library operations becomes even more important. The Board is investigating the possibility of conducting a national survey of health facilities to identify how they manage their information resources and services.

7. The Board has also responded to the initial discussion paper produced by the Alliance for Libraries, Archives and Records Management (ALARM). Our comments have helped to produce a more reasonable discussion paper on the needs for human development in the information sector.

8. It was a great pleasure for the Board to approve the creation of the new CHLA/ABSC chapter, the Golden Horseshoe Health Libraries Association, which covers the geographic area around Hamilton and Niagara in southern Ontario. The president of the new chapter is Leslie Sutherland.

9. In line with the activities which the Board has been faced with, it has also been necessary to update our strategic plan, *Recommitment to Change*. At the 1995 annual conference, I will present to the membership a suggested addition to the strategic plan. This will involve the addition of goals and objective statements which address the role of CHLA/ABSC in enhancing the health information dissemination system in Canada. The proposed changes reflect a change in emphasis in Association activities. We are increasingly concerned with how the health information dissemination system is organized in Canada, not just with how well Association members are equipped to participate in that system.

My term as president is drawing to a close so I must take this opportunity to thank the membership for their support and interest in the Association. Without your continued support CHLA/ABSC would not be the dynamic association which it is. I would also like to thank the members of the Board who have all worked very hard over the past year. Your efforts have made my time as President very easy. I am sure that 1995/96 will be another very busy and productive year for the Association under the leadership of President-Elect Lea Starr. ■

Report of the Treasurer and Auditor's Report

Jim Henderson
CHLA/ABSC Treasurer 1994-95

CHLA/ABSC finances are in good shape. Again in 1994, exceptional revenues from our Annual Meeting, held in London, changed a predicted deficit into a surplus. Advertising in BMC generated revenue for the first time. As expected, membership was stable and publication sales produced less revenue. The Board has been concerned about the continuing high cost of publishing BMC. In 1995, changes in its printing and publication are expected to reduce costs while maintaining its high quality. Board expenses have been contained in spite of coast to coast representation.

The *Standards for Library and Information Services in Canadian Healthcare Facilities* have been published and were released at this Annual Meeting. A marketing plan has been developed to ensure that CHLA/ABSC maximizes returns on its investment over past years and that the excellent work of the Standards Task Force is distributed as widely as possible. I am pleased both personally and as Treasurer that the Standards are being translated and distributed in French by ASTED.

Support of CHLA/ABSC activities by the Secretariat continues to be most valuable and efficient. It continues to be a pleasure dealing with all there. No money was dispensed through the Development Fund. While this saving helped improve the financial situation, the Board continues to be concerned that members are not requesting funds and undertaking the many projects which would further our Association's goals. While the revenues from the Annual Meeting are more important to our continuing fiscal health than is perhaps desirable, members will be pleased to learn that an increase in dues is not proposed.

I welcome questions on the accompanying Auditor's Report for 1994. A motion was passed at the Annual General Meeting to reappoint Mr. Kenneth D. Kimmerly as the Association's Auditor for 1995.

The 1995 budget predicts receipts and expenditures little changed from the 1994 budget, with two exceptions. Standards will be a substantial new source of income. Supporting two Task Forces, Standards (half the year only) and Resource Sharing, will increase expenditures. To deal with GST, a motion was passed at the Annual Meeting for the Association to apply for charitable status. If our application is accepted, we would begin collecting GST and would receive half of the GST paid back as a refund. ■

Auditor's Report

To the Members of the Canadian Health Libraries Association:

I have audited the balance sheet of the Canadian Health Libraries Association as at December 31, 1994 and statement of income, expenses and capital for the year then ended. These financial statements are the responsibility of the Association's management. My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Association as at December 31, 1994 and the results of its operations for the year then ended in accordance with generally accepted accounting principles.

May 31, 1994

Kenneth D. Kimmerly
Chartered Accountant
Etobicoke, Ontario

Canadian Health Libraries Association

Statement I

Balance Sheet

December 31, 1994

	1994	1993
Assets		
Cash in Bank	3,114	60,255
Accounts Receivable	659	—
Investments	60,000	—
Advances - Conferences	2,000	4,000
- Editor	547	700
	66,320	64,955
Liabilities		
Accounts Payable	1,797	4,222
Capital		
Members' Equity - Statement II	64,523	60,733
	66,320	64,955

Canadian Health Libraries Association

Statement II

Statement of Income, Expenses & Capital

Year Ending December 31, 1994

	1994	1993
Income		
Membership Dues	25,120	25,963
Conference Income	23,370	15,045
Publication Sales	2,170	4,651
Promotion Sales	1,610	634
Interest Earned	981	2,628
Donation	50	—
	53,301	48,921
Expenses		
Printing, Postage, Courier	25,624	23,196
Travel and Meetings	8,579	10,424
Task Force	4,757	1,891
Audit Fee	800	1,000
Royalties	—	123
Development Fund	—	1,700
Awards	400	650
Secretariat Services	4,032	4,131
Secretariat Expenses	4,656	5,089
Promotion	580	—
Bank Charges	1	62
Sundry	82	130
	49,511	48,396
Excess of Income over Expenses	3,790	525
Capital		
Balance - January 1	60,733	60,208
Add: Excess of Income Over Expenses	3,790	525
Balance - December 31	64,523	60,733

Public Relations Report

Carole Brault

This has been a very fruitful year for the Association, with the publication of the much awaited second edition of the *Standards for Library & Information Services in Canadian Health Facilities*, the growing interest in DOCLINE as a tool for facilitating resource sharing, and the start of the now very popular CANMEDLIB Internet listserv which has made information more accessible than ever to health librarians all over Canada.

CHLA/ABSC established another kind of "connection" during this past year: a close collaboration with ASTED (Association pour l'avancement des sciences et techniques de la documentation) in Quebec. At the last ASTED conference in Hull, we had a table in the exhibit room along with other professional associations. This was a great opportunity to present our publications and give information on the Association. Also, the St.John's conference has been announced in the newsletter *Nouvelles de l'ASTED*.

Most of all however, we are very happy to report that ASTED will translate the CHLA/ABSC's *Standards* and ensure the distribution of the French version. We hope this will be the beginning of a strong and productive partnership.

We are also very excited with the success of the 1995 CHLA/ABSC Student Paper Prize contest: a record number of five entries was received. The winning paper will be published in a forthcoming issue of BMC.

Finalement, mon expérience au sein de l'exécutif de CHLA/ABSC a été des plus enrichissantes. Je voudrais à cet égard remercier sincèrement les membres des exécutifs dont j'ai fait partie et, en particulier, Bev Brown et George Beckett pour leur soutien et leur grande disponibilité.

Je souhaite longue vie à l'Association et que l'implication de ses membres continuent à faire de CHLA/ABSC une association dynamique et avant-gardiste. ■

Continuing Education Report

Lois Wyndham

This has been a year of significant learning on my part as well as a year of enjoyment. One of my most pleasant duties has been to work with Shelagh Wotherspoon on the accreditation of CE Courses for this conference. I had an opportunity to see the course outlines last winter during the accreditation process and knew then what an excellent job Shelagh has done arranging a variety of courses for you. No one needs to go home uninformed! We have a new evaluation form for CE courses this year as well and will be evaluating its usefulness at this conference.

Telemedicine is always a big focus for the CE Coordinator: this year I have been fortunate to have Janette Hatton from Henderson Hospital, Hamilton as the OHLA contact for Telemedicine. The Fall 1994 and Spring 1995 Telemedicine sessions have included speakers from many areas of the country and topics ranging from the more traditional (cataloguing) to the esoteric (the World Wide Web). Janette and I are always looking for suggestions for speakers and topics and encourage your input.

I am pleased to announce that the winner of the 1995 CHLA/ABSC Student Paper Prize competition is Michelle Fiander of the Dalhousie University School of Library and Information Science in Halifax. Michelle's paper entitled "End-User Searching and the Health Professional " was one of five submissions; all five papers were well-written and the jurors, Susan Murray, Leslie Sutherland and myself had a challenging time reading and marking. Michelle will receive a cheque for $300 as her prize.

The CE presence in BMC has been rather sparse this year,due to the fact that I have been concentrating on other issues. There are three book reviews coming up however, and two Fact Sheets. The Fact Sheet on copyright is available at this Conference and a sheet on the World Wide Web will be a BMC insert in the near future.

I am interested in hearing your comments on any of the CE activities over the past year and welcome your suggestions for how I can best serve your needs during the coming twelve months. My mailing address, telephone number and e-mail address are in the directory and I'll look forward to hearing from you and working with you. ■

Report of the Task Force on Resource Sharing

Lea Starr

The Task Force on Resource Sharing was established at the CHLA/ABSC Annual General Meeting in London, Ontario, in June 1994. A mandate was developed during the fall and approved at the November 5th meeting of the Board. The mandate was published in BMC 16(2):84.

The first meeting of the Task Force was held prior to the CHLA/ABSC Board meetings on February 16th, 1995. The Task Force reviewed the areas which are having a significant effect on improving resource sharing between Canadian health libraries and agreed to focus on a few key areas in the coming year. These will be activities that support the implementation and coordination of DOCLINE, supporting Regional/Chapter developments in resource sharing areas through education, development of DOCLINE Users' Groups, recommending standards in working towards DOCLINE implementation and assisting libraries who are not part of local consortia. As well, the Task Force is concerned that all libraries have access to Internet, which is required for DOCLINE participation. The Task Force will work with CISTI in reviewing and recommending activities related to Union List work, both to provide regional Union Lists and to support a National Union List program.

The Task Force decided to use the occasion of the annual meeting to provide education for the CHLA/ABSC members. They have:

- *ensured that DOCLINE courses will be offered through CISTI*
- *planned and coordinated the "Special Forum on Resource Sharing"*
- *obtained demonstrations of QuickDoc by its developer as a poster session*
- *provided an open meeting with the Task Force at the close of the Monday program*

The Task Force wishes to acknowledge the work of CISTI, particularly Michelle Slachta, Dianne Pammett and Cameron Macdonald in supporting and developing DOCLINE thus far. We look for a continued association in resolving matters of interest to the membership in the area of resource sharing.

During the coming year, the Task Force anticipates building a strong network with the Chapters through local resource sharing contacts. Several Chapters have already selected such individuals and many will be at the meeting in Newfoundland. The Task Force has recognized that a local coordinator and working group are needed to facilitate this work within the chapters.

The Task Force would also like to acknowledge the continued work of Jim Henderson. He has undertaken 3 introductory training sessions on DOCLINE during the past year in Montreal, London and Toronto. These have been instrumental in forming working groups in each of these regions. Mr. Henderson has been asked to continue this work by other Chapters in the coming year.

The Task Force will be continuing with the work during the coming year. We look forward to the input from both the general meeting and the Resource Sharing Forum to help guide our work in supporting the Chapters, considering union lists needs, and expanding resource sharing horizons. ■

BMC Editor's Report

Dave Colborne

It was an interesting year for *Bibliotheca Medica Canadiana*. I am grateful to the many contributors who made the job of Editor a fulfilling one, to CHLA/ABSC Board members who helped me to understand many issues with which I was previously unfamiliar, to Jan Johnson for her prompt and thorough proof reading, and to RE:Action for their very professional publishing work. *BMC* is evolving and this evolution will continue during the next few years. The last 12 months have seen a number of developments in the publication of *BMC* that will necessitate some decisions and actions on the part of both the CHLA/ABSC Board and future *BMC* Editors.

The first development relates to *BMC* issue size, design quality, and cost. The combination of a high number of publishable submissions from CHLA/ABSC Annual Conference presenters and a steady stream of articles and reviews throughout the year, meant that there was always plenty of material to publish in *BMC*. The cost of our current publishing arrangement with RE:Action and the desire to stay within the journal's projected budget meant that there were items that, due to space constraints, either could not be published or had to be deferred for one or more issues. Another consequence was the necessity of further design changes aimed at decreasing the size of *BMC* issues. These changes included the elimination of much white space in the journal, the reduction of font size, and more pervasive use of a three column format.

A second development was the drying up of our advertising revenues. No new corporate advertisers were attracted to *BMC* during Volume 16, and all existing advertising contracts ended without renewal. Advertising revenues were originally perceived as one means of subsidizing a more professional (and expensive) design for *BMC*.

A third development was a continued decline in the amount of "news" items submitted to *BMC* from across the country. This trend dates back a couple of years. If news is to be an important part of what *BMC* has to offer to its readers, then a more proactive system for soliciting it will have to be implemented for future Editors to exploit.

There are some options that arise from our experiences this year. They include the consideration of using a less expensive means of publishing the journal (with the possible sacrifice of design quality). This would mean that the drying up of advertising revenue would not be as much of a concern. Another possibility is the separate publication of an annual CHLA/ABSC Conference Proceedings. This would reduce the size of *BMC* issues, open up more space for articles and Association news, and possibly add another source of revenue for the Association.

I have recently submitted a draft *Procedures Manual for BMC Editors* to the CHLA/ABSC Board. Given the ongoing rapid evolution of the journal, this manual will be of limited long term value to incoming Editors, but I hope that it will be a foundation upon which to build a more substantial and useful document in the years to come.

The Editorship of *BMC* will continue westward next year, as Jan Johnson from Prince George takes over as *BMC* Editor. The new Assistant *BMC* Editor, Dean Giustini of Calgary, was selected by the Board at the Pre-Conference meeting in June 1995. I wish them both the best and I hope that you, the membership of CHLA/ABSC, will give them the support, the feedback, *and* the raw material that they will need to serve you well. ■

Telemedicine Schedule

All sessions are on Mondays, from 3:30 -4:15 pm EST.

Sept. 11, 1995 – Improving your presentation skills Part I - designing an effective presentation, including appropriate use of audiovisual aids

Presenter: Lois Wyndham, Librarian, Chedoke-McMaster Hospitals, Hamilton, ON

Oct. 2, 1995 – Introducing evidence-based medicine - implications for the hospital library

Presenter: Jessie McGowan, Librarian, Ottawa General Hospital, Ottawa, ON

Oct. 23, 1995 – LATCH (Literature attached to the patient chart) - the impact on quality of care and implications for the electronic medical record

Presenter: Michele Klein, Director, Medical Library, Children's Hospital Library, Children's Hospital of Michigan, Detroit, MI

Dec. 4, 1995 – Teaching the Internet - an introduction to the design and delivery of Internet training programs in the health sciences

Presenter: Jennifer Reiswig, Librarian, Health Sciences Library, Toronto East General and Orthopedic Hospital, Toronto, ON

Jan. 22, 1996 – Pediatric resources for the hospital library

Presenter: Elizabeth Uleryk, Director, Hospital Library, Hospital for Sick Children, Toronto, ON ■

Introduction and Changes to the CHLA/ABSC Strategic Plan

At the Annual General Meeting in St. John's the followig revisions were made to the *CHLA/ABSC Strategic Plan: Recommitment to Change*. It was felt that the 1993 document, *Recommitment to Change*, needed an introduction which more clearly linked it to the original CHLA/ABSC strategic planning document developed in the late nineteen-eighties, *Commitment to Change*. It was felt that some roles which the Association is increasingly playing (e.g. resource sharing facilitation and advocacy on behalf of the health library community) needed to be more clearly identified in the strategic plan.

Introduction to *Recommitment to Change*

Recommitment to Change is an extension of the original strategic plan of the CHLA/ABSC *Commitment to Change* which was originally accepted in 1988 and revised in 1991. It should be read in conjunction with the earlier document.

In particular the Association continues to adhere to the statement of values of the earlier document in that:

> *"CHLA/ABSC is committed to improving health and health care by promoting excellence in access to information. This is our collective contribution to society.*
>
> *In providing timely, accurate and relevant information to their myriad patron groups CHLA/ABSC members further the goals and objectives of their disparate institutions. In a very real sense their expertise in developing and maintaining information systems and resources contributes directly to the high quality of health care and research in Canada.*
>
> *The Association is intent upon ensuring that its members exercise their important responsibilities with expert knowledge and judgement, that they practice with integrity, objectivity and accountability, and that they are fully committed to the users they serve. In other words, to fulfil the Association's mission, CHLA/ABSC members must pursue excellence in every dimension of professional activity."*

The pace of change in health care in Canada has continued to grow at a phenomenal rate. With this period of rapid change has come the realization that the goals which CHLA/ABSC pursues also require some transformation. While we maintain our existing goals which deal primarily with development of our members, there has come a realization that this is not enough. CHLA/ABSC has become involved in issues which deal with the foundations of health information dissemination in Canada. The Association must deal with **how** the health information dissemination system is organized in Canada, not just how well its members are equipped to participate in that system.

We welcome this transformation as it provides us with the opportunity to work with our colleagues in the health care sector to build a better health information dissemination system for Canada. As issues are identified the strategic plan of CHLA/ABSC will continue to evolve in order to satisfy our mission of improving health and health care by promoting excellence in access to information.

Addition to Goals in Recommitment to Change

Goal 6: To pursue activities intended to enhance the health information dissemination system in Canada.

Objectives:

1. To take a proactive role in the development of the Canadian health information dissemination system.
2. To establish, as required and deemed appropriate by the Board, special committees, task forces or working groups to address issues relevant to the development of the Canadian health information dissemination system.
3. To ensure that health libraries are a vital part of the Canadian health information dissemination system.

Action Plans:

1. Establish a Task Force on Resource Sharing which will address national and technological issues in the sharing of information.
2. Investigate and further wherever feasible, options for improving bibliographic control of existing health information resources.
3. Take on a strong advocacy role with organizations at the international, national and provincial levels which are involved with or have an impact upon, health information access issues.

■

Chapter Reports

Health Libraries Association of British Columbia

President	Dan Heino Woodward Biomedical Library University of British Columbia 2198 Health Sciences Mall Vancouver BC V6T 1Z3 Phone: (604) 822-5810 Fax: (604) 822-5596 Internet: dheino@unixg.ubc.ca
Vice-President/ President-Elect	Beth Morrison
Treasurer	Patricia Fortin
Secretary	Deborah Newstead
Editor, HLABC Forum	Arlene Higgs

During the past year, HLABC has been fortunate in having some very interesting speakers at the general meetings. In October Dr. Hulbert Silver, from the B.C. Cancer Agency, spoke about quack cancer treatments. In December, the Reverend Colin Johnstone, also from BCCA, gave a fascinating presentation highlighting the complex issues around health care in the multicultural society. Finally, in February, B.C.'s Information and Privacy Commissioner, Dr. David Flaherty, discussed freedom of information and protection of privacy.

The Continuing Education Committee is preparing a half-day workshop on time management scheduled for May 27, the day after the HLABC Annual General Meeting.

The Union List Committee is planning the fourth edition of the Union List of Serials of the Health Libraries Association of B.C. This edition will be derived entirely from DOCLINE holdings and should be out in the fall.

Sadly, the Consumer Health Committee, a joint committee of HLABC and the B.C. Library Association, was a casualty of the apparently ever-increasing demands of the workplace. Although members want to support consumer health education they simply have too many demands on their time already. We hope this is a temporary situation. □

Northern Alberta Health Libraries Association

President	Marlene Dorgan John W. Scott Health Sciences Library Walter C. Mackenzie Centre University of Alberta Edmonton, AB T6G 2R7 Phone: (403) 492-7945 Fax: (403) 492-6960 Internet: marlene.dorgan@ualberta.ca
Vice-President	Peggy Yeh
Treasurer	Carol Morgan
Secretary	Sue Gamble
Membership	24

This has been a year of rapid change in the health care system in Alberta with many hospital closures, institutional restructuring, downsizing, and a pronounced shift from acute hospital care to community based programs and services. Local health boards have been replaced by seventeen Regional Health Authorities who plan and deliver health services at the regional level. There is an increased emphasis on wellness and prevention of illness through health promotion, with individuals encouraged to make informed decisions regarding their own personal health and that of their families. Consumer participation in health decisions has been given a major role in healthcare reform. Given this health environment, it seems quite logical that NAHLA would choose the issue of consumer health as its major initiative for the year.

At the Annual General Meeting in the spring of 1994, members were surveyed to determine the direction of the Chapter in the coming year. The results of the survey indicated a strong interest in consumer health. The Chapter gave support to the consumer health focus at its fall meeting in November. Based upon that response, a consumer health information meeting was scheduled for the spring. Interested stakeholders from several health organizations, institutions, libraries, etc. were invited to meet and discuss consumer health issues, trends, concerns, etc. There was an excellent turnout at the initial meeting and a Consumer Health Information Working Group was formed with the initial objective to identify consumer health

information resources and services available in the Edmonton region, and produce a directory or inventory of available resources and services geared to the consumer.

Two additional consumer health meetings were held in May, with the latter meeting generating a large turnout. It was held at the Health Resources Centre at the Grey Nuns Hospital (Caritas Health Group) and consisted of a tour of the centre followed by a meeting. The Consumer Health Working Group now includes more than 20 members, with broad representation including Edmonton Public Library, Edmonton Capital Health Authority, The Caritas Health Group, the Cross Cancer Institute, Alberta Health, John W. Scott Health Sciences Library, and the University of Alberta Hospitals. The growing interest in consumer health information indicates a busy year ahead for the Working Group.

The Hospital Libraries Group continued to meet monthly throughout the year with a continued focus on NEOS topics and collaborative projects such as DOCLINE, and online circulation implementation. NEOS (Networking Edmonton's Online Systems), is a library consortium based at the University of Alberta.

The CHLA Tenth Anniversary Commemorative Award which our chapter received in 1993 will be utilized this year to pay for the conversion of the NAHLA Union List holdings for the SERHOLD database. Gail Moores, our Chapter contact for the DOCLINE implementation, reports that 6 of the 12 libraries from the 1994 NAHLA Union List are in the process of beginning to use DOCLINE: Cross Cancer Institute, Glenrose Rehabilitation Hospital, Royal Alexandra Hospital, Alberta Health, Grey Nuns Hospital (Caritas Health Group), and Misericordia Hospital (Caritas Health Group).

At the suggestion of NAHLA members, an EMBASE Training Seminar was arranged for December 12, and was hosted by the John W. Scott Health Sciences Library of University of Alberta. Elsevier Science of New York offered the one day training seminar (approved by the Medical Library Association for 5.5 Continuing Education Credits). Elsevier covered all expenses involved in sending two instructors to Edmonton (Adam Bernacki and Zeau Modig) as well as providing a continental breakfast before the seminar began. There was an excellent response with 19 registrants from NAHLA and the University of Alberta. Also attending were three students from the School of Library and Information Studies.

On December 14, a retirement party was held by the University of Alberta Libraries for Sylvia Chetner, who has been with the University of Alberta since the 1970's, and was Head of John W. Scott Health Science Library for the last 10 years. Donna Dryden, on behalf of the Hospital Libraries Group, presented Sylvia with a gift and expressed appreciation and thanks for the support, cooperation and friendship that Sylvia had offered the group over the years. Sylvia has indicated that she will continue to be a part of NAHLA and has expressed a particular interest in our Consumer Health Working Group.

NAHLA also participated in the Partners In Education program for 1994/95. This program matches students from the University of Alberta School of Library and Information Studies with a sponsoring librarian from a local library. The idea is to provide the student with an opportunity to witness and participate first hand in a "day in the life of a practising librarian". As it has done in past years, NAHLA contributed funds toward the initiative. Two Partners Days were scheduled for December, and January. The January Partners Day wrapped up with a social at the Faculty Club for all participants. The food, the wine, and the company made for a good party, and provided an excellent opportunity to meet with students, new colleagues, old friends, as well as Dr. Rod Fraser, the new President of the University of Alberta, who was in attendance with his wife Judith.

Peggy Yeh from Alberta Health, Libraries Research Branch, sponsored the Telemedicine conference on DOCLINE on November 28, and will also sponsor the June 26 Telemedicine conference on the new CHLA/ABSC Standards for Hospital Libraries.

A call for nominations has been sent out for the 1995/96 Chapter Executive and the new Executive will be announced at the Annual General Meeting at the end of June.

Marlene Dorgan
President □

Southern Alberta Health Libraries Association

President	Kim Polvi Rockyview Hospital Library 7007 14 St SW Calgary, AB T2V 1P9 Phone:(403) 541-3483 Fax: (403) 541-3486 E-mail: Kim.Polvi@CRHA-Health.Ab.Ca Envoy: rocky.lib
Vice-President/ President-Elect	Alix Hayden
Secretary/Treasurer	Dean Giustini

Our Executive is elected for a 2 year term. The next elections are scheduled for September 1996.

SAHLA Salutations

We started a chapter newsletter called *SAHLA Salutations* and published the first issue this spring. Our vp, Alix Hayden, is the editor. We are using it as a forum for SAHLA members to keep in touch, find out about current events, upcoming conferences, exchange ideas, etc. The response has been favorable.

Serhold

SAHLA used M. A. Ward & Associates to load our union list into Serhold. Most SAHLA members revised their holdings for the load in anticipation of DOCLINE access.

DOCLINE

SAHLA is joining NAHLA (Northern Alberta Health Libraries Assoc) and HLABC (Health Libraries Assoc of BC) in a proposed DOCLINE trial. The trial is designed to:

1. extend the pool of less expensive libraries to which BC and Alberta libraries can send interlibrary loans
2. determine if and how mailing times and other operational factors make sharing across provincial borders difficult
3. open channels to share the expertise of smaller BC libraries using DOCLINE to new Alberta users
4. determine if existing resource sharing arrangements within and between provinces can be satisfactorily integrated with new arrangements using DOCLINE
5. begin to share health library resources between provinces in the hope of developing lasting, mutually beneficial arrangements.

The trial is tentatively scheduled to begin in September, 1995. The trial will be evaluated at the end of the year to determine workload changes, average turn around time, financial arrangements, and overall satisfaction with DOCLINE.

Ad Hoc Regionalization Committee

An ad hoc committee was formed under the auspices of SAHLA to give library staff from the area a forum to discuss impending changes forced by regionalization. The group meets bimonthly and minutes are circulated to all SAHLA members.

Health Knowledge Network (HKN)

A number of SAHLA members contributed to the creation of the Health Knowledge Network (HKN). HKN is a joint project of the Universities of Alberta and Calgary, hospitals and healthcare organizations in the two cities, and the College of Physicians and Surgeons of Alberta. A major start-up grant was awarded by the Alberta Heritage Foundation for Medical Research. HKN provides access to MEDLINE, Health, Cancerlit and CINAHL using OVID (CD-Plus) software on a Unix platform. The system became available on a production basis in Calgary in late 1994 with Internet or dial-in access for the hospitals and university community. Expansion of HKN services to regions of Alberta outside Edmonton and Calgary is now being planned. □

Saskatchewan Health Libraries Association

President & BMC Correspondent	Lily Walter-Smith Wascana Rehabilitation Centre 2180 - 23 Avenue Regina, SK S4S 0A5 Phone: (306) 359-5650 Envoy: SRSH.WASCANA
Vice-President	Terry Bouchard
Treasurer	Shirley Blanchette
Secretary	Alice Lalonde

Our chapter had an exciting year. In the spring of 1994 we had discussed contacting Saskatchewan's new regional health district boards to make them aware of our association and also to discuss Saskatchewan Health's new directive for developing an information referral network for residents in the districts. We therefore extended an invitation to the 30 health districts in Saskatchewan and the 8 regional libraries to send a representative to our fall meeting. We had 10 health districts and 4 regional libraries represented at our meeting held at the Royal University Hospital in Saskatoon on October 14th. We were very pleased with the participation.

A presentation on the value of health information to the consumer was followed with some case histories that proved it did make a difference to health outcomes.

The meeting concluded with a panel discussion moderated by Lynn Kozun, Resource Centre Manager for Saskatchewan Health. The six member panel represented Saskatchewan Health Districts, and public, hospital, university and regional libraries. A lot of information was shared. I believe this panel discussion was beneficial in making everyone aware of the roles we play in providing health information and provided a good starting point for more collaboration between the Saskatchewan health libraries and regional health districts as we work together towards improved health care.

This spring we wrote to the health districts again, extending an invitation to them to have their present or future resource staff join our association. To date, we have had several positive replies.

The spring meeting will be on May 12 at S.R.N.A. in Regina. The Internet and DOCLINE are on the agenda.

Helen Beaven □

Manitoba Health Libraries Association

President	Laurie Blanchard
Vice-President	Beverly Brown
Treasurer	Edith Konoplenko
Secretary	Michelle Coutts

The challenge for organizations in times of diminishing resources is to find ways to continue to exist and thrive. This year, the focus for MHLA has been on examining and defining our relationships with other organizations, and finding ways to collaborate with them when possible. In August, the Valley Medical Network informed us that it was no longer possible for members of their consortium to continue to support our reciprocal Inter-Library Loan Agreement. Recent developments in document delivery, and the future of the consortium itself, were among the reasons. Some of our member libraries found this arrangement convenient, and may continue individual loan relationships. We also hope that the special relationship we enjoy with our American neighbours will continue.

In early fall, the Manitoba Library Association again invited the Manitoba Health Library Association, along with the other Manitoba Library organizations, to participate in the planning of the Joint Spring Conference. For the last three years, this conference has provided a quality program, and has been financially successful for the Manitoba Library Association. The participating library organizations felt that due to their limited membership and financial resources, they have benefitted from involvement in this event. However, it was time to clarify the terms of this participation. The outcome of discussions involved producing a written agreement formalizing the responsibilities of the participating organizations. The theme of this year's conference is "Changing Libraries, Changing Lives" and is being held from May 10-13 at the Ramada Malborough Hotel. MHLA's representatives to the Conference Planning Committee, Dallas Bagby and Sharon Allentuck have planned a panel discussion on "Technostress". This follows the presentation by Sally Kalin on this topic and will give participants an opportunity to focus on this important issue. As well, Dallas will be conducting a workshop produced by Toastmasters on "How to Conduct Productive Meetings." We are looking forward to another successful and informative conference.

CASLIS Manitoba also asked MHLA to participate in a joint venture. This involved promoting the librarian's role in helping people to navigate the Internet at "Biz-Ex", an annual trade show, organized by Manitoba Small Business Week. The committee organized an exhibit booth demonstrating the services and resources of special libraries in Winnipeg. Bill Poluha represented MHLA at the planning meetings and Dallas Bagby staffed the booth at the event. Upon evaluating MHLA's involvement, the conclusion was that this was not an appropriate venue for MHLA.

The MLA approached MHLA to consider another joint effort. MHLA, CASLIS, MALT, and MLTA attended meetings with MLA to discuss participation in a joint newsletter venture. Bev Brown attended these meetings and reported that MLA will be incorporating the CASLIS newsletter in the future. They will then evaluate the success of this venture before involving the other Manitoba library organizations. Our own newsletter continues to be successfully published. This fall Pam Green and Janice Hollosy took over the editorship of the newsletter, and have most capably produced three issues of the MHLA News.

MHLA members also continue to be involved in projects that are of enormous benefit to its members. I am pleased to say that, thanks to the dedication of Bev Brown and Hélène Proteau, the MHLA Union List of Serials has now been completely entered into Bridge, the University of Manitoba's online catalogue. We will be publishing a new edition of the Union List of Serials and the Union List of Audio Visuals in June. These projects require many hours of preparation and would not be possible without the cooperation of the participating libraries and the dedication of members like Greg Wilton, Bev Brown, and MaryLynne East.

This past year we have also begun the process of converting the MHLA Constitution into machine-readable format. This will ease the process of amending the constitution when it becomes necessary. We will discuss whether we are able to undertake a review of the Constitution and the By-Laws at the Annual General Meeting. Cheryl Manness volunteered her time to undertake this project, and the task of indexing the minutes for the last two years.

Two General Meetings were held during the year. The Fall Meeting was held after a delicious meal and an opportunity to socialize at the Nun's Kitchen in St. Francois Xavier. The Winter General Meeting took place at the Addictions Foundation of Manitoba. We continue to examine our relationship with the Manitoba Health Organizations. We sent a letter to the president of MHO expressing our concerns about the lack of support to health library services at the annual conference. After some discussion we concluded that the best way to deal with our concerns is to consider mounting a display promoting the role of the health library at the conference, rather than organizing a session. We are fortunate to have three MHLA members currently active in CHLA/ABSC. Bev Brown (Past-President CHLA/ABSC), Judy Inglis (CCHSA Liason and Chairperson on the Task Force, and David Colborne (Editor, BMC) have kept us informed on issues on a national level. There are other events to look forward to in the coming year. In June, Judy Inglis will conduct a Telemedicine session on "Applying the CCHSA Standards." We are also hoping to plan a program for the fall to introduce MHLA members to DOCLINE. We will be hosting a very special event at the Spring Conference. We have invited the members of the Manitoba library community to join us in celebrating Audrey Kerr's retirement and to honour her with a Special Awards Reception. In recognition of the tremendous contribution Audrey has made to medical libraries during her long and distinguished career, we will be presenting her with the MHLA Commendation for Outstanding Library Service and with a Honorary Life Membership in MHLA. On behalf of MHLA, I'd like to wish Audrey all the very best.

The Executive for 1995/6 was elected by acclamation. Officers for 1995/6 are:
President: Bill Poluha
Vice-President/
President Elect: David Colborne
Secretary: MaryLynne East
Treasurer: Edith Konoplenko

I would like to thank the members of the executive, the committee chairs, and all the members of MHLA, for making my term as president a most rewarding experience.

Respectfully submitted
Laurie Blanchard □

Northwestern Ontario Health Libraries Association

1994/1995 Co-ordinator	Helen Hyvarinen
1994/1995 Secretary/Treasurer	Cathy Walsh
1995/1996 Co-ordinator	Cathy Walsh
1995/1996 Secretary/Treasurer	Carol Steadwell

Election for the new executive was held on March 14, 1995. Cathy Walsh was elected co-ordinator and Carol Steadwell was elected as secretary/treasurer.

Members

Confederation College
Lakehead Psychiatric Hospital
Lakehead University
McKellar General Hospital
Northern Health Human Resources Research Unit
Port Arthur General Hospital
Centre for Occupational Health & Safety
St. Joseph's General Hospital
Thunder Bay District Health Council
Thunder Bay District Health Unit
Thunder Bay Regional Cancer Centre

Union List

The NOHLA union list of serials was updated this year. As Hogarth- Westmount Hospital library has closed, their journal collection was not included in the union list. Our thanks to Carol Steadwell, McKellar General Hospital library, for the updating and printing of the list. The union list has been distributed to all NOHLA members and agencies throughout the city.

Freenet

Thunder Bay freenet, 807-CITY, is ready to receive information from interested organizations.

Professional Development

1. Demonstration of Bibliofile cataloguing system at Waverly Resource Library.
2. Demonstration of online and CD-ROM databases available at Brodie Resource Library.

Regional News

Challis Resource Centre, Confederation College, is housing the Distance Midwifery course collection in the library.

Lakehead Psychiatric Hospital library has been renamed Northwestern Regional Mental Health Library.

Chancellor-Paterson library, Lakehead University, is housing the Senior Resource Collection (videos) in the library's reference department.

McKellar General Hospital library received new books from McMaster's Family Medicine North program.

Northern Health Human Resources Research Unit reported that funding was received for another three years. The library technician resigned and accepted a job elsewhere. The position has not yet been filled by anyone.

Port Arthur General Hospital and Thunder Bay Regional Cancer Centre have amalgamated their libraries and the new library is called the Hargan Library.

Port Arthur General Hospital and McKellar General Hospital have amalgamated and become the Thunder Bay Regional Hospital - McKellar Campus and Port Arthur Campus.

Thunder Bay District Health Unit has received funding for a Native Resource Centre.

Budget constraints still continue to be a major concern for most NOHLA members in the new fiscal year.

Respectfully submitted,
Helen Hyvarinen,
Co-ordinator NOHLA
March 31, 1995 □

Windsor Area Health Libraries Association

Co-ordinator	Toni Janik Medical Library Hotel Dieu Grace Hospital 1030 Ouellette Ave Windsor, Ontario N9A 1E1 Phone: (519) 973-4411 x3178 Fax: (519) 973-0642
Assistant Co-ordinator	Joyce Jewer
Treasurer & BMC Correspondent	Anna Henshaw
Assistant Treasurer	Margaret Campbell
Secretary	Jill Faubert
Assistant Secretary	Diane Jewkes

Membership in our association has grown to 25. Many of our members' institutions are currently involved in mergers and "reconfigurations" that are city wide in scope. Windsor and Essex County hospitals initially were five in number. Last year Salvation Army Grace and Hotel Dieu were allied, and are now known as Hotel-Dieu Grace with Hotel Dieu and Grace sites. The libraries officially became one department on two sites last August and will continue to operate on both sites until approximately 1999 when all rationalized services will move to the Dieu site.

Recently, Windsor Western and Metropolitan General Hospitals were merged, under the new name Windsor Regional Hospital; Western Campus and Met Campuses. The "Win Win Report" for Windsor outlines which medical programs will be provided from each hospital after reconfiguration.

There has been a library amalgamation of three hospitals in Sarnia. Better resource allocation and workflow has been accomplished.

WAHLA met twice this past year, each meeting included a program of education and round table discussions.

The first meeting was held at Chatham St. Joseph Hospital September 21, 1994. Our afternoon program, after the business meeting, was presented by Judy and Richard Barnes on the Nutshell Automated Library System.

Our second meeting on March 29, 1995 was hosted by the Kent Chatham Health unit. The business meeting was followed by an afternoon of round table discussions.

Our WAHLA Union List of Serials has been revised recently and the 18th edition is available for purchase.

In May we had a continuing education day at Lambton College in Sarnia on the use of the Internet taught by Bob Henry.

Group Projects continue to include the Repository Journal Agreement, the Interlibrary Loan Agreement with the Detroit Group, and updating Hotel Dieu Grace library holdings on OCLC in the Michigan State Union List. □

London and Area Health Libraries Association

President	Mai Why Library Services London Psychiatric Hospital P. O. Box 2532, Station A London, ON N6A 4H1 Phone: (519) 455-5110 x2167 Fax: (519) 455-9986 Internet: mwhy@julian.uwo.ca
Secretary/President Elect	Jan Figurski
Treasurer	Leslie Legge
Past President	Mary Gillet
Membership	52

By any account, 1994 was a busy and productive year for LAHLA, with the annual CHLA/ABSC 1994 conference as our primary undertaking during the year. The theme of the conference was "Partners in Progress: New Paradigms", and based on feedback from many of the 172 attendees, I can safely declare the conference a great success. Proceeds from conference were $25,375 and the continuing education courses on the Internet were well-attended. Needless to say, hosting a conference is a significant endeavour, and success is dependent on countless hours of planning and doing, all on a volunteer basis. As President of LAHLA, I would like to extend a big thank you to the many individuals who gave freely of their own time and are responsible for the success of the conference - we couldn't have done it without you!

This year's conference will be in Newfoundland, providing a great opportunity to visit the East Coast! Sylvia Katzer, from the Northern Outreach Library Service will be representing LAHLA at the Chapter president's luncheon.

Our semi-annual Fall meeting in October 1994 was held at the Children's Hospital of Western Ontario. Elyse Pike hosted the meeting and a luncheon was also arranged to provide an opportunity for informal meeting and networking amongst LAHLA members. Dr. Dwight Mazmanian, a psychologist, gave a fascinating presentation on "Stress in Stress Management". Our Spring meeting held in April 1995 took place at the Children-Parent Research Institute. Maureen Maguire hosted the meeting and was also kind enough to make the arrangements for the luncheon preceding the meeting. Christine Woodward, from the London Regional Cancer Library gave a very topical and interesting presentation on ALARM, an acronym for the Alliance of Libraries, Archives and Records Management.

In February 1995 LAHLA hosted a presentation on DOCLINE. This was presented by Jim Henderson from the Medical Library Service, B.C. College of Physicians and Surgeons. In addition to Jim's presentation, Paul Ward from M.A. Ward & Associates led a discussion on the conversion process of a library's union list data into the Serhold database. A Task Force headed by Elyse Pike has been created to examine all DOCLINE issues from an implementation perspective.

Louise Lin has been responsible for updating and printing the LAHLA union list of serials. Our thanks are extended to her for this time consuming task. Our appreciation also goes to Leslie Legge for publishing the LAHLA membership directory. Both have done an excellent job!

Our social events included a dinner out for the Conference Planning Committee and an annual Christmas dinner. The Christmas dinner was held at an old favourite, the Marienbad Restaurant, and provided a superb opportunity to socialize with our peer group (not to mention have a delicious meal!).

We look forward to a challenging 1995 in which we will be conducting a needs assessment, reviewing our mandate, and overall working to ensure that LAHLA members are properly served by their association. Professional associations have become increasingly important as our industry moves through a challenging decade, and I'm sure my new role in LAHLA will be exciting.

Respectfully submitted
Mai Why

□

Wellington-Waterloo-Dufferin Health Library Network

Co-Chair	Elaine Baldwin St. Mary's General Hospital Kitchener ON
Co-Chair	Brenda Vegso Guelph General Hospital Guelph ON
Co-Chair	Shari Gross Conestoga College Kitchener ON
Co-Chair Elect	Brenda Vegso Guelph General Hospital Guelph ON
Co-chair Elect	Elisabeth Adnishko Groves Memorial Hospital Fergus ON
Co-chair/Treasurer	David Hull University of Guelph Guelph ON

Membership

1. *Cambridge Memorial Hospital*
2. *Community Mental Health Clinic, Guelph*
3. *Conestoga College*
4. *Dufferin Area Hospital*
5. *Freeport Hospital*
6. *Groves Memorial Community Hospital*
7. *Guelph General Hospital*
8. *Homewood Health Centre*
9. *Kitchener-Waterloo Hospital*
10. *Palmerston and District Hospital*
11. *Louise Marshall Hospital*
12. *St. Joseph's Hospital*
13. *St. Mary's General Hospital*
14. *University of Guelph*
15. *Victorian Order of Nurses Waterloo Branch*
16. *Wellington-Dufferin-Guelph Health Unit*

All sixteen institutions with the exception of the Victorian Order of Nurses Waterloo Branch, have opted for full Wellington-Waterloo-Dufferin Library Network membership.

Meetings

Wellington-Waterloo-Dufferin Health Library Network members met in May, June, October, December and February of the fiscal year 1994-1995. Meetings focused on library issues and were highlighted with guest speakers and special events.

In May members were given an "Introduction to the Internet" by Alan Gale, Librarian, University of Guelph. Alan covered applications and gave a hands-on demonstration of the Internet.

The June Annual General Meeting was combined with a luncheon hosted at the home of Nancy Pal.

October's meeting provided an interesting session on internal administration issues such as statistics and serials list membership.

A Christmas luncheon was enjoyed by all at the Bookshelf Cafe, Guelph. An honorarium was presented to David Bantroch for his contribution of work on the Network Serials List.

In February Jane Unger of Staff Development, Guelph General Hospital, gave a

presentation on "How to Train Adults" with special emphasis on computer/library usage. It was an information session that all members enjoyed.

Serials List

In December 1994, the updated ninth edition was made available for purchase at $20.00.

Membership

Membership increased with one new member from the VON, Waterloo Branch.

It was a productive and enjoyable year for the Wellington-Waterloo-Dufferin Health Library Network. □

Golden Horseshoe Health Libraries Association

President	Leslie Sutherland Hamilton General Division Library Hamilton Civic Hospitals 286 Victoria Ave North Hamilton, ON L8L 5G4 Phone: (905) 527-4322 x4247 Internet: sutherl@fhs.csu.mcmaster.ca
Vice-President/ President Elect	Liz Bayley
Secretary/Treasurer	Gayle Fitzgerald

GHHLA (the Golden Horseshoe Health Libraries Association) was officially approved as the newest CHLA/ABSC regional Chapter by the Board in February 1995. GHHLA's name represents the geographical area which curves around the western end of Lake Ontario, and includes members from hospital, academic and public health libraries as well as the public library sector. Currently there are 25 members, and due to the vigorous recruiting activities of the Secretary/Treasurer, we anticipate that number to rise in the coming year. After surveying the membership for its interests, the Executive plans to develop continuing education sessions on a variety of topics - e.g. accessing health resources on the Internet, descriptive cataloging, advanced techniques for word-processing, etc.; and will follow up on the membership's willingness to start a "mentoring" program whereby individuals with expertise in any aspect of librarianship would coach those who request help. At its first official meeting on May 8th, where results of the survey were discussed, members also indicated their desire for a Directory and then enjoyed chocolate treats provided by the Executive. The purpose of CHLA/ABSC as a national organization and GHHLA's role in it was also reviewed. While unfortunately L. Sutherland cannot continue in her role as President because she anticipates a move out of province by the end of the summer, GHHLA will undoubtedly thrive given the enthusiasm of the membership and remaining Executive. L. Bayley, Vice-President/ President-Elect will serve as Acting President until a by-election is held to fill the vacant position.

May I take this opportunity to express my appreciation for being a part of a great organization and extend best wishes for GHHLA members in the future.

Respectfully submitted,
L. Sutherland □

Toronto Health Libraries Association

President	Elaine Wright Science and Medicine Library University of Toronto 7 King's College Circle Toronto ON M5S 1A5 Phone: (416) 978-1331 Fax: (416) 978-7666 Internet: wright@library.utoronto.ca
President Elect	Colleen Mulloy
Past President	Teresa Helik
Secretary	Tasmin Adams-Webber
Treasurer	Boguslawa Trojan
Newsletter Editor	Anne Taylor-Vaisey
Associate Editor	Cathy Lindsey-King

THLA has had a busy and successful year with 164 members, five programs, five issues of our newsletter and 2 special projects, in addition to getting the CHLA 1996 conference planning well underway. Our first special project, led by Dorothy Davey, was the creation of a scholarship for students at the University of Toronto Faculty of Information Studies. Our second project was the revision of the executive position description and the creation of position procedures. This was a project of the executive and a group of volunteers. The project was facilitated by Jennifer Bayne. As a result of this a program planning committee has been formed to work with the president-elect to organize the programs for each year.

This year, our long standing tradition of a holiday social at the Ontario Cancer Institute came to an end. As the hospital prepares to move to new quarters we gathered one last time in their charming Victorian staff house. On this occasion Carol Morrison, OCI librarian, was honoured for her many contributions to the chapter and to the profession in Toronto, including the many times she has hosted this special event. Carol was awarded an honourary life membership.

Our other programs this year were on multimedia workstations and programs, DOCLINE, and new health legislation in Ontario. We ended the year with our Annual Dinner Meeting where Dr. Edward Shorter spoke to us on "The disease-of-the-month phenomenon: a historian's perspective". The meeting was held once again at Massey College where the members were able to tour the antique printing presses. □

Central Ontario Health Libraries Association

President	Mary McDiarmid Library, Oshawa General Hospital 24 Alma Oshawa, ON L1G 2B9
Secretary/Treasurer	Frances Westgarth
Membership	17

Our new Executive for 1995/96 was elected at the Fall 1994 meeting and their term of office runs until the Fall of 1996. Our chapter welcomed a new member institution this year, Memorial Hospital of Bowmanville, represented by Fran Westgarth.

COHLA held two general meetings this past year. The Fall meeting was hosted by Jean Cornett of Georgian College, Orillia campus. It centred on a discussion of the Internet and its possible role in the health sciences library. A member of the Georgian College faculty signed on to the Internet and demonstrated various files that may useful to us. Members exchanged literature on this topic and agreed to continue the discussion at the Spring meeting.

Our Spring 1995 meeting was held at the Grey Bruce Regional Health Centre in Owen Sound and was hosted by Peggy Binkle. A tour of the Library was followed by an educational session on the Internet and the advent of DOCLINE. Members updated each other on the progress they had made since the last meeting.

A revision of COHLA's constitution written in 1987 is underway. There was a need to clarify the timing of events and roles of the executive. In addition, we are working on a pamphlet to be distributed to new or interested members which outlines the history and objectives of our Association.

The 6th edition of our Union List of Periodicals was published in the fall of 1994 and was distributed to all COHLA member institutions, regardless of whether they contribute to the Union list. Our chapter members continue to share our resources with each other at no charge, even though we have all experienced financial cutbacks at our institutions.

We look forward to meeting our CHLA/ABSC colleagues at the conference next year in Toronto. □

Ottawa Valley Health Libraries Association

President	Elizabeth Hawkins-Brady Canadian Nurses Association Library 50 The Driveway Ottawa, ON K2P 1E2 Phone: (613)237-2133 x213
Treasurer	Alexi Campbell
Secretary	Vacant at present

This year our local chapter has experienced more than a few changes.

We began the year with an automated revision of our Union List. Twenty-two contributors will annually update their holdings on-line. Our next edition will include information regarding lending to libraries outside of the Union List. Many thanks to Paul Ward and Associates of Woodstock Ontario for continued excellence.

Over the winter we revised both our constitution and our name. Formerly called the Ottawa-Hull Health Libraries Association, our new name opens the door to institutions outside of the Ottawa-Hull area. Our constitution now reflects the wishes of members to have more meetings, more interest groups and more flexibility in executive positions.

A new Internet Interest Group was formed and sessions have been well attended. Subjects for gatherings range from open discussions to Telemedicine sessions. This has proven to be a great interest to every member.

A DOCLINE Interest Group was also formed at our last meeting of the year. This group will investigate and stimulate participation in DOCLINE for chapter members.

This year members were invited to attend two separate sessions on Telemedicine. The February 27th session on Reaching Nursing Staff was well attended by Chapter members who serve hospitals. The November 28th session on Using DOCLINE in a Small Health Library spurred the interest of many members. We also heard many innovative ideas at a Panel Disussion on Creative Funding. Ann Lebrun from the Regional Cancer Centre and Judith Von Berkom of the University of Ottawa Heart Institute shared their experiences in increasing their revenue through fund raising.

A vigorous group in the Ottawa Valley with new members and a fresh agenda promises that next year will be a very interesting one. □

Kingston Area Health Libraries Association

President	Karen Gagnon Staff Library, Kingston Psychiatric Hospital Bag 603 Kingston, Ontario K7L 4X3 Phone:(613)546-1101 x 5745 Fax:(613)548-5588 Envoy:ILL.OKPH Internet:gagnon@qucdn.queesu.ca
President Elect	Cheryl Martin Belleville General Hospital
Secretary/Treasurer	Lucinda Walls Bracken Library Queen's University

The above members were elected for a two year term at our spring meeting in April 1995.

The Association had a change of executive in August of 1994. Michelle Lamarche, resigned as President in order to return to graduate school for one year. Karen Gagnon, President-Elect, became President. KAHLA welcomed Alan Ritchie as a new member. Alan is replacing Michelle Lamarche at Brockville Psychiatric Hospital while she is on leave.

KAHLA's main activities this past year included a day trip to CISTI and two formal meetings. The day trip to CISTI in June '94 was a wonderful opportunity to visit a library we all use extensively. The trip included a tour of CISTI, a presentation on DOCLINE and other CISTI projects and initiatives, and an Internet tour of NLM. At our April 1995 meeting, Fran O'Heare, Director of Risk Management at Kingston General Hospital, gave a stimulating talk on new Ontario legislation, including the Consent to Treatment Act, Substitute Decisions Act and the Advocacy Act. In addition to the formal meetings, two Telemedicine conference were hosted by KAHLA members.

As budgets keep shrinking, resource sharing among KAHLA members continues. Once again, St. Lawrence College at Kingston, updated and provided to KAHLA members, the *Union List of Serials in Kingston Area Libraries*. KAHLA is also updating the *Library Services and Policies Procedures Manual* for its members. In addition, KAHLA members will consider participating in DOCLINE.

Over the next year, KAHLA will continue to provide continuing education and professional development opportunities to its members.

Respectfully submitted,
Karen Gagnon
President □

Association des bibliothèques de la santé de Montréal / Montreal Health Libraries Association

Présidente/President	Johanne Hopper
Vice présidente/ Vice president	Sharon Pipon
Sécrétaire/Secretary	Sylie Laverdière
Trésorière/Treasurer	Shirley Edwards
Rédactrice/Editor	Anca Cojocaru
Nombre de membres/ Membership	58

Activités:

a) *Introduction à l'utilisation de l'Internet: Un atelier*, le 23 septembre 1994

Animateur: Pierre Chicoine
Participants: 17

b) *Introduction aux ressources dans le domaine de la santé sur l'Internet*, le 7 octobre 1994

Animateur: Pierre Chicoine
Participants: 22

c) Fête de Noël conjointe avec MMHLA (McGill Medical and Health Libraries Association) et ABSAUM (Association des bibliothèques de la santé affiliées à l'Université de Montréal), le 14 décembre 1994

d) Réunion de l'ABSM, le 13 février 1995

Démonstration de Péruse et Ariel à la bibliothèque des sciences de la santé à McGill

DOCLINE et les bibliothèques médicales universitaires du Canada

Conférencier: David Crawford, bibliothécaire des sciences de la vie McGill

DOCLINE au Canada: une démonstration et une discussion

Conférencier: Jim Henderson, bibliothécaire du "College of Physicians & Surgeons of British Columbia".
Participants: 32

e) Réunion printanière de l'ABSM, le 26 avril 1995

Gestion du stress par l'humeur
Conférencier: Andre Jetté

Publications:

a) *Nouvelles de l'ABSM*: 3 numéros

Activities:

a) *Getting started on the Internet: A workshop*, September 23, 1994
Instructor: Pierre Chicoine
Participants: 17

b) *Health science information on the Internet: A workshop*, October 7, 1994
Instructor: Pierre Chicoine
Participants: 22

c) Joint Christmas party together with MMHLA (McGill Medical and Health Libraries Association) et ABSAUM (Association des bibliothèques de la santé affiliées à l'Université de Montréal), December 14, 1994

d) February meeting at McGill. February 13, 1995

McGill's Péruse et Ariel

DOCLINE and Canadian University Medical Libraries

Speaker: David Crawford, McGill Life Sciences Librarian

DOCLINE in Canada: A demonstration and discussion

Speaker: Jim Henderson, College of Physicians & Surgeons of British Columbia.
Participants: 32

e) MHLA Spring General Meeting, April 26, 1995

How to handle stress through humour
Guest speaker: Andre Jetté

Publications:

a) *MHLA/ABSM Newsletter*: 3 issues □

Maritimes Health Libraries Association / Association des bibliothèques de la santé des Maritimes

President	Paul Clark, Librarian Region 3 Hospital Corporation P.O. Box 9000 Fredericton NB E3B 5N5 Phone: (506) 452-5432 Fax: (506) 452-5571 Envoy: ill.nbfdec Internet: peclark@unb.ca
Vice president	Darlene Chapman
Treasurer	Susan Libby
Secretary	Nancy McAllister
Past President	Anne Kilfoil

MHLA/ABSM held two meetings during 1994/95, each meeting consisting of educational and business sessions with excellent attendance by membership from across the Maritimes. Currently the association has 54 members. Our fall meeting was held in November at the St. John Regional Hospital and included a presentation by University of New Brunswick librarian John Teskey on the Silverplatter Electronic Reference Library (ERL) project. As well Patrick Ellis of the Kellogg Library gave an overview of DOCLINE and updated the meeting on its development in Canada. MHLA members met in Halifax for our

Spring meeting. Tim Ruggles and Anne Barrett of the Kellogg Library gave presentations on "Advanced Internet Searching" and demonstrated a selection of CD-ROM and electronic full text databases.

Marthe Brideau coordinated the development of the second edition of our Union List of Serials in Maritime Health Libraries which was published in 1994. An increased number of libraries were included with sixteen libraries participating. The union list is updated every two years and work is beginning on the 1996 edition.

After a brief absence, the *MHLA/ABSM Bulletin* reappeared with Karen Darrach and Patrick Ellis as new editors. The bulletin is published several times a year and continues to play a vital role in meeting the communication needs of our members spread over three provinces. The association continues under the leadership of the executive elected at the May 1994 meeting. Our business sessions have included discussion regarding DOCLINE participation, revising the association constitution, updating the union list of serials and future education programs. Our next meeting will be held in Fredericton this fall. □

Newfoundland and Labrador Health Libraries Association

President	Debbie O'Reilly S.A. Grace General Hospital School of Nursing Library 241 LeMarchant Road St. John's, Newfoundland A1E 1P9 Phone: (709) 778-6645 Fax: (709) 722-0449
Vice-President, President Elect and BMC Correspondent	Cathy Sheehan
Secretary/Treasurer	Cathy Ryan
Past President	Elaine Duffy

The NLHLA has had a busy year due to conference planning. The 1994 Annual General Meeting andWorkshop was held in November. The education session was a resource sharing/ILL discussion which is possibly the most important activity in which our libraries are involved. "How have library networks and CD-ROM technology impacted on ILL in your library?" "How can ILL be beneficial for Continuing Education?" "How can one person libraries keep current in this growing specialty?" These were some of the challenges discussed.

Later that morning at our Annual General Meeting it was decided to change our general meeting back to the Spring to correspond with the CHLA/ABSC General Meeting, and membership reporting of executive changes.

Thanks to all supporters of the CHLA/ABSC 19th Annual Conference, *Old World, New World.* You helped make it a success. Special thanks to co-chairs Shaila Mensinkai and Catherine Lawton.

The 1995 conference was extended by half a day to include a Special Forum on Resource Sharing. It was obvious by the participation that the session was beneficial. The CE courses were well attended and topics reflected current trends such as DOCLINE and the Internet.

The conference program incorporated the strengths and traditions of librarianship that we want to preserve and build on as we "pack for the trip", as our keynote speaker so aptly put it, to meet the challenges of the future.

Michel Bauwens demonstrated the kind of role libraries can play on the Internet and the World Wide Web. If we are to ensure our profession succeeds, the challenge has been defined, and we must continue being active in marketing our profesional expertise and roles we can play.

Thank you again to all who attended, and/or participated in the preparation of, the 1995 CHLA/ABSC Annual Conference.

Debbie O'Reilly ■

CHLA/ABSC Publications

Workload measurement systems : a guide for libraries, 1992

CHLA/ABSC Task Force on the CHA/MIS Guidelines

This publication marks the culmination of three years' work by the Task Force entrusted with the task of laying the groundwork for developing national guidelines for collecting data on library workload measures. It also constitutes the course guide for a workshop accredited by CHLA/ABSC and the Medical Library Association (MLA).

Readers are given a thorough grounding in the basic terminology and salient features of workload measurement systems (WMS). The Guide contains detailed instructions on how to design and implement WMS programs to meet the disparate needs of libraries of various types and sizes. The value of WMS as a departmental management tool to assist in performance and budget monitoring is stressed.

Included in the Guide are sample data collection and assessment forms, a conceptual model delineating primary and secondary library functions and an annotated bibliography.

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CHLA/ABSC Standards for Library and Information Services in Canadian Healthcare Facilities (1995)

A major revision of the 1989 *CHLA/ABSC Standards for Canadian Health Care Facility Libraries*. These standards focus on the provision of knowledge-based, client-centred information, following the collaborative model developed by the Canadian Council on Health Services Accreditation (CCHSA). It also includes a glossary of terms, a resource bibliography, a self-evaluation checklist, and a key to the CCHSA Standards.

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